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COMMUNICATIONS.

MEDICAL SCIENCE, CODES, AND PATHIES.

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Of Joliet, Ill.

(*Continued from page* 116.)

Now we will make the therapeutical application, and to do so will take the action of strychnia on the spinal cord. The extreme dose of this drug causes death from spasm, or, at least, by an extreme effect upon the spinal cord; while a small dose is a stimulant, and cures paralysis.

Now, the force of strychnia is increased by increasing the dose, and, in health, this force may soon produce spasm of the muscles: in paralysis, it may restore the muscles; in spasm, it may lessen the muscular action. Strychnia is used in paralysis, in chorea, in all manner of opposite pathological conditions, and in all doses, by all empirical and homœopathic physicians, whether from clinical evidence or rational conceptions of cause and effect in disease and its treatment.

However it is used, and by whom it is used, and whatever may be the signs and symptoms and results, the effects of strychnia, in spinal cord diseases, depend upon the fact that different degrees of the force, or doses of strychnia, differ in their action from no effect to all possible effects, with different shades of difference and likeness up to the extreme effects of the extreme dose.

From these data there is just as good ground for homœpathy as empirical medicine for a professional standing and for professional success. Whatever homœopathy may have been, and whatever empiricism may have been, and whatever they may be now (to which we will refer), the basis on which they stand is equal, and the clinical results show that the methods of each are equally successful, and the "provings" of drugs made by the homœopath, and the tests of the action of drugs made by the empiricist, upon healthy animals, together with the fact that the effects of drugs differ according to the dose and the conditions, furnish the basis of fact upon which the practice of each "school" rests.

The impending reconciliation of empiricism and homœopathy will create a new temple of medicine. The "clinical facts" are the bricks with which the structure is to be built. Observe how beautifully these bricks are made to "break joints." Over the large dose of ergot, laid by the empirical mason, the homœopath places his little dose of atropia; over the large dose of rhubarb there lies the little end of the opium brick; over the big end of the bromide of potash, there fits the little end of nux vomica; and so on throughout the structure, which is now built in New York—the temple of empirico-homœopathic medicine—for are not all the specialists out in the woods even now quarrying the rock which is to become the corner-stone, and which the American Medical Association has already rejected.

This new temple has so far developed that "lectures" have already begun, and now we will take a seat inside (without matriculating), and note the teachings of clinical facts, and observe some of the fallacies, and take a brief glimpse, in imagination, of the medical temple of the future, which science will build on a basis of truth.

Prof. Smith lectured a short time ago in Bellevue on the little end of drugs, basing his remarks

entirely on "clinical experiences" of himself and friends who had reported clinical experiences relating to the little end of drugs to him. Of course such a lecture to Empirics is of no particular use, for the reason that what is known and unknown on this subject is taught and practiced by homœopaths. However, Bellevue stands now as the new temple of empirico-homœpathy.

In brief, Prof. Smith has learned from clinical experience that a grain of calomel in a quart of water, teaspoonful doses, will cure syphilitic headache; a small dose of atropia, in a goblet of water, will cure false croup; a like administration of copaiba will cure nettle-rash; a small dose of vin. ipecac. will stop vomiting (so will the odor of roast beef); small doses of corrosiv. sub. cures diarrhœa; small quantities of tart. emet. will cure bronchitis, etc., etc., etc.

Now, the little end of drug therapeutics was well handled by Prof. Smith. The basis was, as it ought to be, clinical experience. There is not the least attempt made, as there might have been, to show some rational connection between the action of drugs and the subsidence of the symptoms which are mentioned as having been cured.

There is an implied induction, however, to be derived from these clinical facts of experience, which is nothing more or less, or greater, than that great is homœopathy, and empiricism is its prophet. But it appears that however great was Prof. Smith's concession to homœopathy, that he did not tell the whole story; for a writer in the *N. Y. Med. Jour.*, of March 10th, reviews the subject, and in doing so covers Prof. Smith's nude clinical experience with the mantle of homœopathic dogma. The writer says: "Copaiba produces and cures urticaria; arsenic causes and cures vomiting; atropia causes and cures false croup; ipecac causes and cures vomiting; corrosiv. sub. causes and cures diarrhœa; tartar emetic causes and cures bronchitis; cantharides causes and cures cystitis; castor oil causes and cures diarrhœa." The doses respectively in cause and cure being large and small.

The writer has the grace to say that these clinical experiences are "generalizations," and calls upon the profession to furnish "some more" of these clinical experiences for further generalization.

Prof. Smith's clinical facts, colored by the cause and cure dogma of the homœopathic writer, are not based upon "provings," or the physiological test of drugs. If these tests were of any value, scientifically, then Prof. Smith's clinical experiences would have a possible value, but they are not. These tests are of value only empirically and homœopathically, while clinical experience, such as he gives, is utterly without value, even empirically or homœopathically.

Prof. Smith gives a remedy (?) and in a certain time after, the symptom disappears, for the cure of which this remedy was given; and the homœopath says that copaiba is the cause and the cure of that disease. Copaiba is a bad drug to leave around loose in large doses. Prof. Smith relies upon clinical experience to prove that one drop doses of copaiba cure nettle rash. The empiricist says the reason is because the physiological action of the drug in health, in large doses, will cause nettle rash, and the homœopath says "like cures like," and therefore copaiba in small doses cures nettle-rash, because in large doses it is the cause of this disease—these provings being made upon the physiology of people, and not upon their pathology—either the pathological cause or the pathological sequence.

Now, then, we want to know, as physicians, the true value of clinical experience and its meaning; and we want to know the value of empiricism and of homœopathy, and the relations of these things to scientific medicine.

Clinical experience, *a la* Prof. Smith's, consists in discovering a symptom and then giving a remedy, in a small dose frequently repeated and largely diluted, as conditions of the remedy, and then watching the changes in the symptom.

Under this clinical condition of things, if a patient has urticaria and takes drop doses of copaiba, the urticaria disappears; if a patient vomits, and takes drop doses of ipecac, the vomiting stops.

Clinical experiences of this nature are the very shallowest sort of fallacies, for the reason that no note is taken of the cause of the symptom, or of the natural limitation of the cause.

Nettle-rash is a very transitory disease. It may be caused by sour buttermilk, acid fermentation in the bowels, santonin, butyric acid, butter, and a hundred other bad articles of diet; and forms of acid fermentation, as well as copaiba, may be antecedents of urticaria. The conditions of cause and sequence are of short duration in most all cases; and the cause is self-limited, unless a man is continually drinking copaiba, perhaps; and really, there is probably no physiological or pathological reason why nettle-rash should not, as a general thing, terminate naturally in a day or two under the eye of the clinical experience man, even if the patient is taking copaiba largely diluted in small doses, or if he is not taking any-

thing. Similarly, vomiting is a self-limited affection. From a clinical standpoint, vomiting, as a symptom, may be seen to cease at any time, even if the patient is taking one drop doses of vin. ipecac, or taking nothing. Everybody knows that vomiting, as a symptom, is one of the most evanescent, or one of the most persistent symptomatic factors of disease.

Vomiting occurs from pregnancy, from brain lesions, from peritonitis, from bile in the stomach, from indigestion, from strangulated hernia, etc., etc.

What a triumph it is in clinical experience, and empiricism, and homœopathy, to comfort the practicing physician by the assurance that no matter what the condition, whether hernia, brain tumor, pregnancy, peritonitis, or what not, if vomiting occurs as a symptom, one drop doses of ipecac will stop this feature of the sickness, which is often so alarming and distressing a sequence of serious diseases.

If there is anything more utterly valueless than a "clinical experience," it must be the result or knowledge gained by experiments made upon healthy living animals with drugs to learn their physiological action; and if there is anything of less value than this, it is the "provings" of homœopathy. Clinical experience, which does not estimate the factors of every disease which relate to the cause of disease, and the natural limitations of the cause, is obviously of no value.

Empirical medicine is founded on clinical experience, and also has a basis of a record of the physiological action of drugs in health.

Homœopathy presumes that a small dose of any cause will remove the symptoms of the cause, and from the fact that small doses of some causes are very difficult to get at and utilize as remedies, therefore homœopathy assumes that the substitution of a small dose of some other cause, which has similar effects, will remove its symptoms just as well.

Suppose a patient has consumption. Here is the finest possible field for empiricism and homœopathy. The disease is made up of tissue changes in the lungs, cough, night sweats, expectoration of muco-pus, diarrhœa, chills, emaciation, and death. Each of these symptoms is treated by the clinical observer, and empiricist, and homœopath. First, the cough merits attention. The empiricist makes experiments upon healthy people, and finds that opium, prussic acid, and bromide of potash, diminish reflex action. He learns that the cough of consumption depends upon the mechanicism of reflex action, so he gives these medicines.

The homœopath scrambles about and finds a drug which gets up a cough or hiccough, or something like it, in a healthy person, and perhaps he gives "hepar," or something, because in a large dose it will cause a cough or increased reflex action, or he may give other drugs in small doses which stimulate reflex action in large doses. The night-sweats, and chills, and diarrhœa, are treated by the same methods of empirico-homœopathy.

Now, these methods of course ignore the cause of phthisis. The effects are treated, but the cause is left alone. If the cause is self-limited, as it may be even in consumption, the empirical and homœopathic doctors give themselves the credit of curing the disease by furnishing physiological antidotes to the symptoms. In many diseases there is no doubt but many of the symptoms are simply efforts of nature to get rid of the cause of the sickness, and the physiological antidotes work a direct injury. The cough and expectoration in consumption, though distressing, perhaps, have a tendency to lessen the number of the parasites (tubercle bacilli) in the lungs, by throwing them out. However learned and beautiful may be the empirical or homœopathic clinical experience, which gives a drug and then observes a diminution of the cough in consumption, the fact remains that these symptoms, cough, sweats, diarrhœa, etc., are not the disease, and may even be symptoms of the resistance of nature to the disease, quite as much as symptomatic of the cause of the disease.

These methods of treatment, providing clinical experience should hereafter ever prove that they have any effect at all, are quite as likely to do hurt in a case of disease as good; and they are unscientific, because signs and symptoms alone do not constitute a disease, and because these methods ignore causes, and because the antecedents of signs and symptoms or of sickness are generally causes which are naturally self-limited.

The ethical and practical distinction between the homœopathic and empirical methods of practice, and the structure of the substance which separates them, is nothing more than a sheet flapping in the wind, and subject to every light breeze. It is a great long step, however, when scientific medicine steps over the gulf which separates science in the cure and prevention of disease, from homœopathy and other "pathies" in disease. Nothing but the most degrading indulgence in the love of a big practice can ever make physicians, as a class, pretend to adopt the dogmas of an ignorant medical pathy, for the

sake of being called in consultation by any sort of charlatan who is legalized by the state to practice the arts of medical pretense.

We have seen what the grounds are upon which empirical medicine and homœopathy can affiliate, and perhaps they ought to do so. But there can never be an affiliation between the medical profession and the "pathies," for the reason that we are just now upon the brink of great discoveries, which will destroy empiricism (even clinical experience in drop doses of copaiba), and which must certainly widen the difference between medicine and the "pathies," however much the "pathies" are legalized by the State.

The brink of discovery, upon which the science of medicine is now standing, is the prospect of finding out the causes of disease. The diseases which kill most people, who die in early and middle life, are, so far as any cause is known at all, all caused by some form of *contagium vivum*. This discovery, when complete, will place medicine upon a scientific basis. Physicians will stop making experiments with drugs upon healthy animals, and homœopathy will find it exceedingly difficult to kill parasites by giving sugared triturations of parasites in small doses.

The treatment of symptoms is already given over, just in proportion as the cause of disease is found out, and the remedy found which will remove the cause of the disease.

Does anybody suppose that physicians will be hunting for physiological remedies to antidote a cough, or a sweat, or a diarrhœa, after a method has been found of destroying the tubercle bacillus, either in the lungs or outside of the body?

Splenic fever a few years ago was the pest of the flocks, and herds, and people of Europe. There was a great call, while this disease prevailed, for physiological remedies, like the little end of aconite, and the big end of opium, and the little end of rhubarb, and the big end of bromide of potash, and the little end of ipecac, and, in fact, the little and big ends of all drugs, while the cattle, and sheep, and men, died in spite of them. But Pasteur discovered the cause of splenic fever, and the result was that the knowledge of this disease became a matter of exact science, and led to a method of preventing the disease. The method was adopted, and the disease prevented.

Now, can anybody suppose that Pasteur gained any knowledge by adopting empirical or homœopathic dogmas relating to the signs, symptoms and treatment of this disease?

The measure of the mind of the men who advance medical science, and the knowledge of the cure and prevention of disease in this world, is something larger than a drop of ipecac, or copaiba; and let us hope no such mind has ever been found seeking to educate the medical profession into a medical delusion, so that the code will be generally adopted which may honor a set of specialists in their efforts to secure a wider consultation practice. Indeed, it is quite questionable whether men, specialists or otherwise, who regale us with clinical experiences of doses of one drop of ipecac or copaiba, or $\frac{1}{250}$ of a grain of calomel, ought to have consultations of any kind, relating at least to sick people.

Let a man compare the significance or insignificance of such clinical observations with the work of Pasteur and Koch, and with the work which ought to engage men's minds relating to the cause and prevention of disease, and the advancement of scientific medicine; and if the professional mind is then convinced that these men are worthy of special ethics, then the medical profession can adopt the code of the New York State Medical Society.

NOTES ON THE TREATMENT OF SUMMER COMPLAINT.

BY JOHN M. KEATING, M. D.,

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[Reported by W. A. EDWARDS, M. D. Asst. Dem. Clin. Med., University of Pennsylvania.]

The following notes were gleaned from the practice of Dr. J. M. Keating:

The great prevalence of intestinal diseases of children during the summer months has led those who are interested in the subject to study the causes which bring about so large a mortality. It may be stated that as a rule babes who are nursed exclusively, and have a fair amount of care, consisting of light clothing, daily bathing, shade when out-of-doors, etc., manage to get through the summer even in the city without much trouble.

Those children whose mothers nurse them and also possess means sufficient to give the luxuries of life, who can sleep in rooms well aired and kept cool, and can take an occasional jaunt to the country or on the water when the thermometer is high, may be said to scarcely suffer at all. But as soon as we strike that period of life, or that class of individuals, where nursing is supplemented by feeding, we immediately find an increase in the intestinal disorders, and the mortality will rise in proportion to the deviation from the normal rule.

Hand-feeding may be said to be probably the

most frequent cause of intestinal disturbance; and where hot weather—hot nights, especially—foul air, and increased sensitiveness of the nervous system peculiar to the teething age, are all centered at one point, it is no wonder that the death-rate is large.

I will not dwell upon matters which are well known to every one in regard to the proper way of caring for infants during the different months of their life.

I have endeavored to bring the matter before the profession elsewhere,* but I will give you some of the latest views in regard to the treatment of the disorders of infants at this season.

There is a form of diarrhœa extremely common which I may mention first; it usually occurs in babes remarkable for health, who have been nursed until they reach the age of three or four months, probably eight or ten months—children with voracious appetites; just about the time when hot weather begins, the mother will imagine that her milk is not good or strong enough, and she will either wean the child altogether or partly feed it.

Now, the great trouble at this time is that the food which is given to the child is entirely too much for its digestion. It is not worth while to go into the chemistry of this subject; suffice it to say that the usual ingredients of home-made baby foods are *starches*, as arrow root, wheat flour, oat meal, or preparations of the same sold in the market under various names.

The result is that the babe begins to get fretful, sleepless, with scanty, high-colored urine, muddy skin, and it is noticeable that the child's tongue becomes coated, especially *far back*.

The bowels are either constipated or they are loose, watery, light in color, offensive, and frequently contain very minute curds. This condition will continue for some time, in fact, until a spell of hot weather sets in; it will then make little difference whether the child is in town, country, or seashore, it will suddenly be attacked with vomiting, profuse diarrhœa, very watery in character, and in a few hours the previously strong and healthy babe will be as limp as a rag, its surface pale, eyes sunken, with dark rings around; the bones of its head will be markedly outlined through its scalp, and the fontanelles will show marked depression.

There will be *partial or entire suppression of urine*, what is passed will be very highly colored; the retching and vomiting will be most distressing, and unless something is speedily done for the child, it will soon assume an aspect of approaching death, its eyes will roll, pupils widely dilated, and what has been so characteristically described by Marshall Hall will be exhibited.

Such a case puzzles a physician in the extreme; let me outline my treatment. Warmth is the first indication; the child should be wrapped in warm flannels, and an aromatic poultice applied to the abdomen. The function of the skin is to be encouraged, as I believe that most of these cases die of uræmia.

If the bowels have been very loose and the vomiting be excessive, they should be checked by the following mixture:

℞. Acid. sulphurici aromat., gtt. viij.
Ext. rhei fluidi, gtt. iv.
Spt. vini gallici, f. ʒ ij.
Syr. acaciæ,
Aquæ menthæ, āā qs. ft. f. ℥ j.
M. Sig. ʒ j. every two hours for a child six months old; give slowly with a little water.

Should the passages not be very frequent, but the vomiting be the most important symptom, small doses of calomel, ipecac, and pulv. acaciæ, are indicated in the following proportion:

℞.—Hydrarg. chlor. mit., gr. ½.
Ipecac (pulv.), gr. ⅛.
Pulv. acaciæ,
Sacchari lactis, āā gr. ij.
M. et div. in chart. No. iv.
S.—One every hour, placed upon the tongue dry.

This is to be followed by a teaspoonful of castor oil and a drop of essence of peppermint, poured into a teacup full of hot water, and skimmed off the top, the object being to thoroughly subdivide the oil before its administration. The oil may be preceded by quarter-grain doses of hydrarg. cum cretâ, given the same as the above powder.

It will be seen that the treatment so far is to endeavor to encourage the action of the organs of elimination, which seem to have been paralyzed; the liver is not acting, the kidneys have endeavored to do its work and failed, neither is the skin performing its function.

In the meantime all attempts at feeding should be stopped. The child will crave water; give it small pieces of cracked ice; do not give milk in its crude form. *My plan is to nourish such children entirely by wine whey.* By wine whey I mean the watery material of milk, which remains after the milk has been curdled by sherry; the curd is strained off, and the whey which is left contains not merely the water, but, according to the experiments of Prof. Leeds, nearly one-fourth of the total albuminoids is left in solution.

*Infant Feeding, by J. M. Keating, M. D., H. C. Lea & Co.

As the whey will usually contain a large proportion of the sherry, it is not well to give it pure. About two ounces should be placed in a tumbler and filled with cracked ice, and of this the child can have an occasional taste, as its increased thirst will demand, throughout the day. It is extremely nourishing, unirritating, readily absorbed, and no curd can form.

Should there be marked suppression of the urine, and as soon as the vomiting has been controlled, the little patient may be given, at intervals of two or three hours, a tablespoonful or more of toast water, with 10–15 drops of spts. ætheris nit., and if you find the child will stand the extra stimulation, this may be made more diuretic by the addition of 15–20 drops of good gin.

The sulphuric acid mixture will gradually lessen the frequency of the stools, and it may become necessary after the dangerous period is passed, for you to administer the powders above-mentioned in order to start the flow of bile; but of course this last has to be left to the judgment of the physician, as the tendency to let well enough alone is an axiom in children's practice.

(*To be continued.*)

FOUR FRACTURES AND A DISLOCATION, OCCURRING TO A PREGNANT WOMAN WITHOUT CAUSING ABORTION.

BY W. E. RINEHART, M. D.,
Of Summerville, Oregon.

Patient was Mrs. W. E. Rinehart, aged 21 years, medium size, stout and robust, complexion very dark; been married five months, and was pregnant 3 months and 16 days. Accident happened twenty-five miles from home, in the Blue Mountain range, August 5, 1882, caused by the upsetting of a stage coach, producing the following fractures and dislocation:

1. A fracture of the surgical neck of humerus.
2. A fracture of middle third of same humerus (right arm).
3. A fracture at junction of middle and lower third of right femur.
4. A compound comminuted fracture of right tibia and fibula two inches above ankle-joint; lower fragment of tibia severely comminuted to the joint.
5. A backward and upward dislocation of left hip-joint.
6. Considerable superficial bruising all over the body, with a severely contused right shoulder.

Accident happened at 12 m., seven miles from house or water. I was present, but was powerless medically, as I had nothing with me to allay pain shock, or to stimulate; all I could do was to reset the fractures and hold them with splints rudely carved from boot of stage, using leaves for batting and table-cloth for bandages.

I was not able to reduce dislocated hip, as I had no anæsthetic, besides one of my own thumbs was dislocated in the upset, and my hand was almost useless; it was with a great deal of difficulty I replaced the compound fracture of leg, as the tibia protruded two and one-half inches into the ground. She was then slowly conveyed on a rude litter formed of pine limbs seven miles to nearest house, and there remained until five o'clock and fifteen minutes for the arrival of M. F. Honan, M. D., whom I had sent for, forty miles distant from place of accident, and during all this time she had nothing to alleviate the intense agony from her fractures, and especially the dislocated hip, for a period of five hours and fifteen minutes. On the doctor's arrival, we placed her under ether, replaced hip, allowed her to revive, and then kept her under full doses of Magenda's solution with atropia, and resumed our journey with her to our residence, eighteen miles distant, arriving home at four a. m., August 7. We then gave her three hours' rest, and removed all of my rude apparatus from her injured member, and placed all the fractures in *plaster of Paris*, where they remained, with occasional removals and variances according to rational treatment, for from six weeks to three months, or until union was quite firm in all the fractures. We used a constant stream of *cold* water on the compound fracture for five successive days and nights—commencing thirty-six hours after injury—and gradually quit it in the last twelve hours by using gradually warmer water until it arrived at 98° F., and then stopped entirely. I had no more difficulty in the case after the compound fracture began to look healthy again. I allowed her to remain in bed only six weeks from date of injury, or just as soon as I could safely remove extension and counter-extension from fractured thigh and ankle, as each had its own extension apparatus.

I then placed her in an invalid chair or wagon, and kept her out in the cool air a great deal during the *hot* summer days, which seemed to do her worlds of good, and from that date her appetite became fine, pains disappearing. Morphia stopped, and in four weeks more she was on crutches, and in eight weeks was walking, and to-day her fractured arm is perfect, fractured thigh same, dislocated hip same; compound fracture united firm, with almost perfect motion of ankle-joint, and no pain, only after excessive walking it pains her

slightly, mostly caused, however, I think, by the tearing loose of superficial adhesions over callus. Her right lower extremity is just *five-eighths of an inch short*, with the least perceptible limping, and I feel safe in saying that in one year from to-day a casual observer would never know from her physique and appearance that she had ever been injured. You can well imagine the torture she endured during the first five hours after injury, being carried for seven long miles over mountains that are scarcely surpassed in size and roughness, and during all that time nothing to relieve her suffering from four severe fractures and an unreduced dislocated hip, except the few precious moments her prostrated form would be lowered to the ground to rest the tired (as I thought then) pall-bearers. Also allow your imagination to extend eight weeks still in the future, and see the pain and anguish she endured while lying in her fracture-bed securely fastened by extension, with nothing to relieve the monotony and fatigue of her position and sufferings, only the motion of the one remaining uninjured limb (the left arm). This member had also been dislocated four years previously. And during all this time there was a fœtus in utero, and strange to say there never was one symptom radiating from the womb from date of injury to full period of gestation. She was delivered by me of a fine healthy male child, whose weight at birth (January 21, 1883,) was twelve pounds net, and to-day, five months later, is twenty pounds. She had a severe time in labor. I had to use the forceps after due consideration, and came near losing both mother and child, but to-day they are both enjoying the finest health. I had to deliver her myself, as Dr. Honan was in San Francisco at the time, and I would not trust any other to her case.

This completes a condensed history of the case, and is as correct as memory and notes will permit. I do not give treatment in detail, as there was nothing peculiar about it, only she had the best of nursing.

Hospital Reports.

MEDICO-CHIRURGICAL COLLEGE.

CLINIC OF SKIN DISEASES.

Service of F. Le Sieure Weir, M. D., Clinical Professor of Dermatology.

Case 1. Tinea circinata.
Case 2. Tinea tonsurans.
Case 3. Eczema rubrum.

Case 1. Tinea Circinata.

Josephine F., American, 18 years, unmarried. This young lady says that she has been afflicted with the disease which you here see upon the hands and arms, for the past six months. It began with itching (more especially after retiring), burning, and a little redness, which was quickly followed by the appearance of a small number of vesicles. In the course of twenty-four or thirty-six hours a quite well marked patch was observed, which was circular in shape and very slightly raised above the surrounding skin. The vesicles were mostly confined to the region of the rims of the patches (for from being only one in number in the beginning, it had spread to half a dozen or more upon each arm), and this leads us to believe that the centre of the patches was healthy, a thing of not infrequent occurrence. The body and lower limbs have not been involved at any time during the attack.

The vesicles just spoken of have appeared in crops, some just beginning to develop whilst others are fading away. The diseased surface is raw, excoriated, and gives off a serous fluid, which however, in the present instance, is due in part to a long-continued application of a secret nostrum which is just now flooding the market. The case is a particularly severe one, and the marked rawness and intense inflammation is, perhaps, not altogether to be laid at the door of the proprietary article she has been using; for I have just learned that several homœopathists, including her family physician, have treated her, but with, as you see for yourselves, no benefit—in fact, she tells us she is worse now than at any time during the six months.

In this connection the present case furnishes a grand text upon which I might build you a trite sermon, and one not without its moral; but this is not the place for comments, nor have I the time to make them. This disease, *tinea circinata*, is produced by the deposit upon the surface of one of the vegetable parasites, technically known as the *tricophyton tonsurans*. The most important parts of the make-up of the plant are the spores and mycelial threads. When the parasite is brought in contact with the skin, these spores and threads take deep and firm root upon it, not lying upon the surface, where its riddance would be child's play, but dipping down into the substance of the skin layers, becoming firmly imbedded, and giving rise to no end of trouble at times in our efforts at eradication.

Animals are subject to the same affections; among them are dogs, horses, cows, and sheep. This brings me to a very interesting fact in regard to the manner in which this young lady contracted her disease. She is employed in a mill, where she is constantly handling the raw wool. A short time before the eruption made its appearance a fresh quantity of this material was received; and, although she had never been so affected before, it was not long before she and her companions alike were sufferers. She, however, did not suspect the cause, or connect the wool with it in any manner, and it was only by persistent questioning that I at last elicited the information. I believe something like this to have been the case: The sheep had the disease, and when sheared and the wool sent to the mill in its raw state, the spores and mycelial threads still clung tenaciously to the strands, or fibres, notwithstanding the frequent washings to which it is subjected. Mill opera-

tives are not ordinarily in the best of health, and these girls, all of them, probably, more or less anæmic, had skins admirably suited for the luxuriant development of parasitic diseases; the result was that in handling this wool the parasite was transplanted to their hands and arms.

In a perfectly healthy subject the susceptibility of the skin to external impressions is very materially decreased; and had these girls been such, they possibly might have escaped.

The diagnosis offers no difficulty. Eczema is about the only disease liable to be confounded with it, and here the history of the case, together with the microscope, will settle the question very readily. If it be the parasitic disorder, the instrument will show the *spores* at once.

The treatment is simple, and consists of remedies which bear the name of parasiticides.

Treatment, however, has not always been so simple or easy as it is now. I, in common with others, was formerly very much annoyed with repeated failures to make any impression upon ringworm, either of the body or head, in its severer forms. Citrine ointment was the old stand-by, and later this was succeeded by the officinal oleate of mercury. Both acted well in the majority of cases; but when it came to chronic cases, those of almost malignant severity, they were practically useless.

There are at present, in, I must confess, rather limited use, a class of preparations known as the oleates (not officinal), with which I have been experimenting for the past two years, as some of you are aware.

These experiments have been carried on systematically, one article being taken up at a time and tested upon a certain class of cases, until a diagnosis, as it were, of its virtues was obtained. One of these, the oleate of copper, I have used over and over again, until now I am prepared to speak of it in the highest terms. *I have never seen it fail once, not even in the most severe case*, not only in ringworm of the head or body, but in any of the dermatophytæ. Not only is the cure certain with its aid, but it takes place more quickly, thus fulfilling two very important indications. I believe this superior advantage over the old plan of treatment to be due to the penetrating power of oleic acid contained in the combination.

For this case then we will order:

℞.—Ung. cupri oleatis, ℥ iij.
Ung. petrolei, ℥ v.
M. Signa.—Apply twice daily.

This strength I find to be about right; some cases, however, require it to be stronger, whilst others again will not bear it so strong.

As the patient is anæmic, she shall also have ten drops of the tincture of the chloride of iron, three times daily in water. [On the patient's next visit, ten days later, all trace of the disease had disappeared, with the exception of slight roughness of the parts. She was ordered to continue with the ointment for two weeks longer, applying it but once daily during the second or last week, so that every vestige might be removed.]

Case 2. Tinea Tonsurans.

Katie B., 3½ years. I purposely bring this child before you upon the heels of the previous case, that you may note a few points between them.

You will remember that I told you the parasite in the case of the young girl who was just in was know as the *tricophyton tonsurans*. Here, then, is a case which is due to the same cause precisely, but it is situated upon an entirely different part of the body. In this case, as you see, the head is covered with rather repulsive-looking sores, each about the size of a silver dollar, with a red and raw surface, some few crust-like formations, a slight discharge, which mats the surrounding fringe of hair, while the hairs upon the diseased patches are short, and have a dull, lustreless and nibbled appearance. These hairs are not at all plentiful, and as I lay hold of them it does not require any effort to break them off short, so brittle are they.

Here in some places you see an evident disposition of the patches to spread and coalesce with neighboring patches. The patches themselves are circular, and the encroachment upon the surrounding healthy skin is plainly to be seen. The eye-brows and lashes are also involved, there being scarcely any of the latter remaining.

The history shows the child to have been playing with several children who were similarly affected—a significant and conclusive piece of information. The appearance presented is characteristic of ring-worm of the head. The circular form of the diseased patch, together with the nibbled and lustreless aspect of the hairs, are generally conclusive symptoms.

This case presents hardly any features in common with the preceding one, if we except the shape; yet the two are one and the same disease, merely occupying different localities.

Both tinea tonsurans and tinea circinata may exist upon the same person and at the same time, and the patch upon the head not infrequently merges into one upon a hairless part, as, for example, the forehead.

Both varieties are contagious, but the sanitary condition has, I believe, a great deal to do with this. Thus, had this child been in robust health, and the dietetic and hygienic arrangements of a better order, she might have escaped the disease. Again, the susceptibility of the skin must be considered, as I mentioned to you before.

In this case, as in the other, the parasite is not upon the surface, but below it. It here makes its home near or upon the hair itself. The fungus, when deposited upon the surface, gets down almost at once to the under side of the epithelium; thence it extends down the follicle to the hair bulb, into and around which it insinuates itself. When the hair grows above the level of the scalp, it then becomes fragile, and twisted, and soon breaks off.

Here, in a nut-shell, you have the case. There is one thing I wish to call your attention to, however, before going on; and that is, that you are not to expect all cases of ring-worm to look like the two I show you to-day, for if you do you will find yourselves mistaken.

Remember that these are exaggerated cases, or else the extreme redness and the raw sore would not be present. Under ordinary circumstances, the surface of the circular patch is covered by fine white scales, which fly into the air if the spot is rubbed.

A strumous diathesis in both cases probably

accounts for this phenomenon in a large measure, and while it is perfectly right, and even imperative, in some instances, to treat the patient constitutionally, I think we will have a perfect cure in both patients from principally local treatment.

There is no diagnosis to be made in this case, for by one symptom alone the disease would be known, *i. e.*, the broken, nibbled, and twisted hairs. You will never find this in any but a parasitic affection. Add to this the accompanying symptoms, and you will not go wrong.

The treatment shall not be different from the last. She shall have the same ointment, and apply it in very nearly the same manner, first cleansing the scalp thoroughly, and shaving the hair close to the head to facilitate the application. We may confidently expect a visible improvement this day week.

Case 3. Eczema Rubrum.

Henry F., 26 years, German, unmarried. About nine years ago this young man first noticed this eruption upon his hands, which you therefore now see in its chronic state. He was obliged from his occupation, that of a druggist's apprentice, to have his hands in hot or cold water many times during the day; and this fact, coupled with a diathesis favorable to its development, gave rise to the disease—eczema.

I do not much like the plan of affixing a term indicative of the seat of the disease—that is, in teaching—since it has a tendency to confuse the student's mind. It is my endeavor to make everything as plain as possible for you, and strip off as many technicalities as is consistent. Were we, in the present instance, to add such a term, it would be *palmaris*, for the reason that the disease, although commonly known as eczema rubrum, attacks the palms of the hands. An inspection shows the parts to be red and inflamed, with a free distribution of vesicles over the surface, some just in their formative stage, and others having passed on to the crusting stage. Of crusts, however, there are very few, and these are not large, nor are they at all thick.

Here and there you observe slight elevations of the skin; these are vesicles which have formed beneath the surface, and which, after remaining awhile in this state, will gradually disappear without breaking through the skin. There are also slight cracks in the epidermis, some deeper and longer than others, but none very well marked. An intolerable itching, burning, and smarting attends this, and the desire to scratch the part is uncontrollable. So long as the hands are exposed to the influence of air and water, and the system at large falls below the standard, so sure is the disease likely to return. He tells us this has been the case for years. But if he is careful to keep the stomach in good working order, and wears gloves out-of-doors, he suffers but very little. He is worse in winter than in summer.

When to stimulate is sometimes a very nice question to decide.

I may, however, lay down one general rule in regard to it, namely: Do not stimulate the diseased surface until all activity of congestion or inflammation has subsided. In the early stages of skin lesions, stimulating applications are productive of much harm; whereas if a soothing course of treatment is adopted, good results may confidently be looked for.

In the present case the parts are much inflamed, and look angry. A stimulating application here would work mischief, notwithstanding that the disease is chronic. It is an acute attack of a chronic malady. You must bear in mind that a disease may be ever so chronic, and yet when it makes its appearance afresh, as in this case, it may, and probably will, present all the symptoms of a highly inflammatory eruption, making its first appearance.

Such a soothing course as I have indicated is here emphatically called for, and for this purpose I shall employ another one of the oleates, that of lead. With regard to this preparation, I am not prepared to speak in such unqualified measures as of the oleate of copper, for my experiments with it have not been so extensive. The result has been, so far, very satisfactory, the majority of cases doing well under it, and but few failures. It shall be applied twice daily, the hands to be constantly protected by means of soft cotton gloves, or pieces of old muslin.

Internally, he shall have cod-liver oil, together with the syrup of the hypophosphites. Out-door exercise should be enjoined on patients of a sedentary habit, with a view of keeping along the good effects of the medicine. Due attention should be given to the state of the bowels as well.

He will be directed to report in one week, at which time I will have him brought before you again.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M., M. D.

Paralysis of the Motor Oculi.

The first patient shown to-day was a young man, twenty-three years old. He gives no history that can be relied upon, for his own statements concerning himself are contradictory. He was stupid and apathetic when he came into the hospital, and is so still; he had also a paralysis of the motor oculi nerve on the left side, and a leaning over of the head towards the left, as if he had torticollis; but it could easily be returned to its natural position again by the hand. There was some drooping of the eyelids. When placed on his feet there was a tendency to fall over backwards. He has been ill in this way for about two weeks.

The one fact that strikes our attention most in this case is the paralysis of the motor oculi, which supplies the superior rectus, the levator palpebræ, and the internal and inferior rectus, and the inferior oblique, and which sends a branch to the ciliary ganglion.

The paralysis of this nerve is a capital fact to direct our attention to the cerebrum as the seat of the lesion, as does also the fact of his mental imbecility and clouded intelligence. There is no facial paralysis, nor loss of power over the muscles of the tongue or of deglutition, nor paralysis of any of the nerves of special sense. The cause of the paralysis of this nerve may be pressure upon it from hemorrhage, or a tumor; or anything

which will cut off the blood supply of this region, as an embolism or thrombosis.

This is one of the cerebral lesions that are apt to occur in persons who have had constitutional syphilis, and the great majority of these cases have a syphilitic origin. The lesion is in the membranes at the base of the brain, and sometimes consists in the presence of a gummy tumor, which presses upon the nerve at its origin.

In confirmation of our suspicions in this case, we find that this man has a syphilitic history, and he confesses the fact.

We are further justified in our belief that the local paralysis in this case is due to syphilis, by the fact that we find a large cicatrix over the right tibia, which is probably the scar of an ulcerating tubercular syphilide. In accordance with this belief, we have put him under the mixed syphilitic treatment. He is taking $\frac{1}{32}$ grain of the biniodide of mercury, and 10 grains of potassium iodide, three times a day. Last night he was delirious, and was very troublesome to manage. This seems to indicate that the lesion is not so local as at first supposed, but it has become more diffused, and it may involve the meninges of the convolutions, as well as the meninges at the base of the brain.

A week later, this patient was again exhibited to the class. He was put upon anti-syphilitic treatment. and the steady improvement that has taken place since confirms our belief as to the cause of the lesion. He has almost recovered from his ptosis, and there is no strabismus, and his mental condition is much improved. Last week he was stupid, and could not talk, but now he looks brighter, and answers questions intelligently. He had a distressing headache for five days, but this has now disappeared. The objective evidences are usually ample in these cases to determine the syphilitic origin of the disease. The statements of patients on this subject are not to be relied on. The moral sense seems to be much blunted in those who have had syphilis, and they will always try to deceive you. It is therefore necessary that the physician should be thoroughly familiar with the objective signs of this disease in order to detect it. The local paralysis of the motor-oculi nerve being one of the commonest symptoms of syphilis, aroused our suspicions in this case; and as he also confessed to having had the disease, he was put upon appropriate treatment, and with the favorable result which you see.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, May 24, 1883.

The President, Dr. Tyson, in the chair.

Carcinoma of the Stomach and Colon, with Cardiac Lesions.

Exhibited by Dr. J. T. Eskridge.

Peter Lawler, aged sixty years, Irishman, by occupation a dyer, was said to have enjoyed fair health until two years ago, when he suffered from a severe attack of inflammatory rheumatism. He knew but little of his family history, and could not give the cause of his parents' death. He never complained of heart disease. During the latter part of the year 1881, about eighteen months before his death, he first began to complain of pain in the epigastric region, attended by eructation of a sour slimy liquid. Soon he experienced a sense of nausea coming on an hour or more after eating. About three months after the first appearance of symptoms of gastric disease, he began to vomit. At first vomiting occurred occasionally, but soon it took place several times a week, and finally once or twice each day. He lost flesh rapidly. In the early part of March, 1883, he was admitted into the wards of the St. Mary's Hospital, when he came under my observation for the first time. He was very weak, and greatly emaciated. His pulse, of the Conigan type, was eighty per minute. When resting in the recumbent posture, his breathing was quiet. Temperature was usually one degree below normal. The radial and temporal arteries were rather hard, and the latter were tortuous. A diastolic murmur and a systolic murmur were heard at the aortic orifice. The impulse of the heart was not very strong, and the left ventricle did not appear to be greatly enlarged. The lungs were emphysematous, and an area of impaired resonance, amounting to almost dullness, was discovered on each side of the spinal column, opposite the spines of the scapulæ. An indurated mass, apparently about the size of a walnut, more or less movable, was felt in the epigastric region to the right of the median line, and about midway between the ribs and the umbilicus. The growth was not sensitive to rather rough manipulation, and he had not experienced any pain for a number of months. His bowels were sluggish, and it required active agents to evacuate them. No tumor besides the one connected with the stomach was felt or suspected in any other portion of the abdomen. He vomited almost daily. The liver and spleen were not enlarged. The urine was free from albumen.

By securing daily evacuations from the bowels, and giving him nutritious, easily assimilated food, the vomiting nearly ceased. He improved and left the hospital the latter part of March. Early in April he was admitted to the Jefferson Medical College Hospital, where he came under my care the first of May. At that time he was eating but little, the abdomen was considerably distended by gas, and his bowels required repeated large enemata, or enormous doses of purgatives, to secure their action. On the fourth of the present month, he experienced great pain in the right iliac region, and just to the right of the median line of the abdomen, midway between the pubes and umbilicus. Over and around the latter painful spot, a circumscribed highly tympanitic and sensitive area, about the size of a man's double fist, was observed. Circumscribed peritonitis was diagnosed. Large doses of morphia, administered hypodermically, were required to relieve pain. The stomach became irritable, and the peritonitis more general. He died during the afternoon of the eighth of May.

Sectio cadaveris four hours after death by the pathologist of the hospital, Dr. Morris Longstreth.

Thorax.—About seven ounces of perfectly clear

serum was found in the pericardium. No evidence of pericarditis existed. Left side of heart firmly contracted; right side relaxed, and contained considerable fluid blood. Right side of heart and its valves normal. No lesion found at mitral orifice. Free borders of the leaflets of the aortic valve are thickened and slightly contracted, allowing regurgitation to take place at the aortic orifice. Aorta atheromatous, dilated, and decidedly roughened near the aortic orifice. Left ventricle slightly hypertrophied.

Lungs deeply pigmented, and generally emphysematous; both congested posteriorly. Surfaces of both apices covered with patches of fibroid thickening. Abundant evidence of diffuse peribronchitis chronica was present. Bronchial tubes of the lower lobes of both lungs much dilated. Bronchial glands at the root of the lungs very much enlarged.

Abdomen.—On opening the abdominal cavity, considerable very offensive gas escaped from the upper part. On the right of the median line of the abdomen, from the umbilicus downward, the abdominal wall anteriorly was adherent to omentum and intestine over an area of about five inches in diameter. Lower third of abdominal cavity was filled with a yellowish-white cloudy liquid. Intestines bound together by numerous adhesions. The stomach, which I show you, is small, and its coats are thickened. The hypertrophy of the wall of the stomach is slight at the cardiac end, but gradually increasing, becomes considerable at pyloric. The wall of the pylorus and adjacent portions of the stomach and small bowel is about one-half inch thick. At this point the mucous surface presents several fungous looking outgrowths. The small bowel, with the exception of about half an inch of the upper portion of the duodenum, appears normal. In the colon, about six inches from the ileo-cæcal valve, is a stenosis, barely admitting the end of my little finger. The wall of the colon at the point of narrowing, which extends three or four inches of the length of the bowel, is greatly hypertrophied, measuring about one-third of an inch in thickness. The colon, from its beginning to point of constriction, is dilated into a large pouch, measuring four and a half inches in diameter. The dilated portion of the bowel presented a dark gangrenous appearance, distended by gas, was adherent to the anterior wall of the abdomen, just to the right of the median line. The remaining portion of the large bowel appeared to be healthy. No enlargement of the mesenteric glands was observed. Liver, spleen, and pancreas were small and firm, but free from malignant growths. Both kidneys were reduced in size, contained a few small cysts, their cortical substance was lessened, and their capsules were abnormally adherent in places.

Remarks.—It is worthy of remark that although considerable thickening and induration existed at the pyloric end of the stomach, the orifice remained sufficiently patulous to allow the food to come in contact with the intestinal juices. Another point of interest is seen in the existence of so great amount of narrowing in the calibre of the large bowel with no symptoms, except easily obviated constipation, until a short time before the man's death. It seems to me remarkable that a bowel so dilated above the point of a narrow constriction should be able to respond painlessly to purgatives.

Mitral Stenosis and Regurgitation followed by Tricuspid Regurgitation and General Dropsy.

By J. T. Eskridge, M. D.

Ellen D., forty-eight years old, single, servant, was born in Ireland. Her mother died from some chest trouble when about forty years of age. Her mother's relatives were subject to "pleurisies and rheumatism." Her father lived to an advanced age. Ellen enjoyed good health until six years ago, when she suffered from three attacks of rheumatism within a few months. During each attack she was lame in her feet and legs. After those rheumatic seizures, she was comparatively comfortable until the early part of the year 1879, when she noticed that going up and down stairs, or prolonged or active exercise, exhausted her more than usually, and gave rise to palpitation of the heart. In the year 1880 she had another slight attack of rheumatism. She said her feet were almost constantly swollen during the years 1881 and 1882. Last summer her general health improved, but when the cold weather of the following fall and winter set in, increasing dropsy and dyspnœa returned. She was admitted into the wards of the St. Mary's Hospital, December 5, 1882, suffering greatly from general cardiac dropsy and associate symptoms. One month later it was noted that she temporarily improved after her admission, but the dropsy reoccurred and she failed rapidly.

January 10, 1883, her condition was observed to be as follows:

She was jaundiced, irritable and morose. She dozed frequently, her mind seemed clouded, but she was very restless. The tongue was heavily coated, breath had an offensive urinous odor, stomach was irritable, and anorexia almost complete. The urine was diminished in quantity, and contained abundance of albumen. Effusion existed in each pleural cavity, slight in the right, but the left side was filled up to the lower angle of the scapula. The pericardium contained an increased quantity of liquid. The lungs were congested, and numerous moist bronchial rales were present. Arterial pulsation was seen only in the carotids. Visible venous pulsations were very pronounced in the veins of the neck, and in one or two superficial veins on the anterior surface of the chest. After emptying the veins and exerting pressure upon them, they were observed to fill from the cardiac side and again pulsated, while the finger was still firmly held against the vessels. A wavy impulse extending over a large area was seen. The cardiac pulsation was most marked just below the lower end of the sternum.

The pulse was very irregular, and difficult to count, being about 120 per minute. It was intermittent, and irregular in volume and frequency. The variations of the pulse were most prominent when the hands were raised above the head. The impulse of the heart was felt over a large portion of the anterior surface of the chest. The area of the cardiac pulsation was bounded on the left by a point in the fourth intercostal space external to the left nipple, on the right by a point one inch internal to the right nipple, below by a point two inches below the sternal notch, and above by the left second intercostal space. He-

patic venous pulsation was very distinct. Percussion dulness was increased most on the right side. The pulmonary and aortic valves were apparently free from disease. A presystolic murmur, with its seat of intensity over the left fourth costo-sternal articulation, was heard. A systolic murmur, whose seat of intensity was over the left fifth costal cartilage, was heard over the anterior surface of the chest from nipple to nipple, and in the left axilla. It was difficult to determine whether the murmur was audible posteriorly, as the bronchial and crepitant rales and rapid breathing were confusing. Four or five days later, the presystolic murmur ceased to be audible. At that time general anasarca was well pronounced. January 24th she went into a semi-conscious condition, which gradually deepened into coma. She died January 26. She expectorated considerable blood and frothy mucus during the last month of her illness.

Sectio cadaveris twenty-four hours after death; body well frozen; considerable adipose tissue still remained; thoracic and abdominal cavities only examined.

Thorax.—Left pleural cavity almost completely filled with a thin, straw-colored, serous fluid; right pleural sack nearly half full of a similar effusion. Were no pleural adhesions. The left lung was crowded into a small space and congested; the lower lobe sank in water. The right lung was being encroached upon by the effusion, and its lower lobe was consolidated; the upper emphysematous.

The pericardium contained about six ounces of fluid similar to that found in the pleural cavities. No adhesions or patches of fibrinous exudations were seen on the surface of the heart. The cavities of the heart were relaxed, and filled with dark fluid blood. The right auricle is greatly dilated. The tricuspid orifice admits the ends of the thumb and all the fingers of one hand up to the distal joint. The right ventricle is dilated and its wall is thickened. The tricuspid valve is insufficient. The valves at the pulmonary and aortic orifices are thin, but competent. These orifices are not constricted. The wall of the left ventricle seemed to be thickened, and the ventricle is slightly dilated. The left auricle is greatly dilated. The curtains of the mitral valve are adherent to each other near their attached borders, and constrict the orifice, which they are no longer able to close, into a round opening only large enough to admit the end of the index finger.

Abdominal Cavity.—The blood-vessels of the stomach and bowels distended. The mucous membrane softened; liver heavy, dark, and grated under the knife; spleen enlarged, congested and denser than normal; pancreas healthy. Both kidneys were congested, slightly cirrhotic, but contained considerable functionating tissue.

General dropsy is rare in cases of mitral stenosis, except as in the present instance, where it is combined with mitral insufficiency. No thrill was present during my attendance, which extended over a period of four weeks immediately preceding her death. The mitral presystolic murmur ceased to be audible during the last two weeks of her life. The absence of the presystolic murmur in cases of extreme stenosis of the mitral orifice, late in the disease, when the heart is weak and is acting rapidly and irregularly, has led some observers to believe that the murmur is frequently absent throughout the course of this form of valvular lesion. To this point I directed special attention in a recent paper on the "Diagnosis, Prognosis and Treatment of Mitral Stenosis," read at the last meeting of the Pennsylvania State Medical Society.

Congenital Malformation of the Heart, with Cyanosis. Death at the Age of Twenty-nine Years from Pulmonary Tuberculosis.

Dr. J. T. Eskridge gave a detailed account of the above case.

The patient, a man twenty-nine years old, had never been strong and able to run and play like other boys without suffering from severe palpitation of the heart. So far as the man could remember, he did not become blue before his twelfth year. After the occurrence of cyanosis, his health became much worse. He had rarely experienced pain in the region of the heart. One year ago he first observed pains shooting through the upper portion of the right side of the chest. These continued and at times were severe, being sharp and lancinating in character. From the first appearance of the pains he began to lose flesh and strength. About the time of the beginning of the chest pains, a dry, hacking cough commenced, but expectoration was not profuse until a few weeks before he first saw him, when he took a heavy cold, which was followed by high fever, great prostration, and profuse night sweats. He was admitted to the St. Mary's Hospital January 2, 1883. The surface of his body presented a dusky hue, and his face, neck, hands and feet (especially the fingers and toes), were quite blue. When he sat up the blue color of the mucous surface of lips deepened into dark purple. The distal phalanges of the fingers and toes were hypertrophied, and the small superficial veins of the face, fingers, and various other portions of the body, were easily seen and counted. The upper lobe of the right lung was consolidated and contained a cavity, the lower lobes were partially infiltrated. In the left lung the lower lobe was solid, and the upper was being infiltrated. Over the left lung pleuritic friction rales were numerous.

No venous pulsation was discovered. A presystolic thrill was felt in the third and fourth intercostal spaces to the left of the sternum, and was barely appreciable in the third intercostal space at the right border of the sternum. Percussion dullness was increased laterally. The cardiac impulse was felt and seen in the fourth intercostal space external to the left nipple.

A systolic and pre-systolic murmur with their seats of intensity near the left fourth costo-sternal articulation were heard. The systolic murmur was audible anteriorly over a large area, and posteriorly at the lower angle of the left scapula. Anteriorly the systolic murmur was heard as low as the seventh rib on each side the sternum, faintly just below the left clavicle, but it was lost just below the right clavicle. The systolic murmur was audible in the left axillary region, but not in the right. The pre-systolic murmur was limited to a small area. The next three days the temperature varied from 100° to 102.5°. On

the 6th, he coughed up several mouthfuls of blood unmixed with mucus. From the 7th to the 11th, was profuse expectoration of purulent matter containing small quantities of blood. Breath was very offensive, and the apex of the right lung was breaking down rapidly. Diarrhœa was rebellious and exhausting. He died suddenly on the morning of the 12th.

Post mortem examination was made about four hours after death. The lungs were infiltrated by tubercle. The left pleural cavity had been obliterated by general pleuritic adhesions, the right contained about three pints of sero-sanguinolent fluid.

Heart.—Numerous pleuro-pericardial adhesions were present. The pericardium was not inflamed on its internal surface, and was nowhere adherent to the heart, but it contained about two ounces of a straw-colored serous fluid. The heart was anæmic, flabby and dilated. Its cavities contained a small quantity of fluid blood. No heart-clot had formed. The right auricle including its appendix was enormously dilated. The right auricular wall was somewhat thickened. Across this auricle a thin membranous strip stretches from right to left and from above downward. Its attachment above was at the upper portion of the auricle to the right of the appendix, below at the left margin of the tricuspid orifice. The imperfect septum, he thought, had been an attempt by nature to divide the auricle into two nearly equal compartments. The inter-auricular septum was imperfect, the foramen ovale being sufficiently patulous to admit the passage of his thumb from the right auricle into the left. The right auriculo-ventricular orifice was enlarged and admitted the ends of the thumb and all the fingers of one hand. The right ventricle was dilated to nearly twice its normal size; its wall was not much thickened. A patch of fibroid induration, one inch long by half an inch wide, was seen on its endocardial surface. The anterior and posterior segments of the tricuspid valve were united and formed one large leaflet. The left segment was so situated that it could not have aided materially in closing the auriculo-ventricular orifice. The greater portion of the imperfect segment was stretched across the ventricle near the apex of the heart, and more or less obstructed the current of blood from the ventricle into the pulmonary artery. Free regurgitation at the tricuspid orifice was permitted on account of the large size of the orifice and the imperfect condition of the valve. The other valves of the heart were thin, but competent. None of the orifices of the heart were constricted. The left cavities of the heart were rather small. The pulmonary artery was smaller than normal.

No special disease besides a fatty condition of the liver was seen in the abdominal organs.

In his remarks on the case, Dr. Eskridge said that the membranous strip which extended across the right auricle vibrated with the auricular current of blood, and probably had given rise to a presystolic murmur. If the blood in struggling through the patulous foramen ovale had given rise to a murmur, it also would have been presystolic in time. He stated that the presystolic murmur in the case was well defined, and easily distinguished from the systolic one, and thought it was unfortunate for the science of physical diagnosis that both these conditions existed in the same heart. He knew no means by which one would be able to attribute the presystolic murmur to one or both of them, since it was not positive whether an inter-auricular current was capable of developing a presystolic murmur. He desired that the heart should be referred to a committee of three for a fuller report on the congenital malformation.

Dr. Nancrede referred to the development of the heart as explaining such variations, etc. It was referred to a special committee for examination.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Note on Ovariotomy.

Mr. Lawson Tait thus writes to the *San Francisco Western Lancet*, May, 1883:

I am induced to address the readers of the *Western Lancet* in this brief note on account of an interesting paper by Dr. O. O. Burgess, and particularly some editorial comments by Dr. Whitwell. Brief as the latter are, they abound with common sense, and there is not a word to which I can take exception.

Very many American visitors come to see my work, and they always go away more and more puzzled by the simplicity of my proceedings, and the enormous difference between my mortality and that obtained in America. The only general explanation is that suggested by Dr. Whitwell, that the climate has something to do with it; an explanation I can say nothing for or against, as I have never been in America.

But I have long been persuaded of the wisdom of the conclusions indicated in his editorial comments. We are too prone to look for the cause of our failures anywhere but in the failures themselves.

Many years ago I learned from Keith the invaluable lesson that if I wanted to improve in my ovariotomy results, I must learn to humble myself and seek the explanation of each death in the existence of some mistake in the operation. The first mistake I discovered was that we had all been led astray by Mr. Spencer Wells in the use of the clamp. As soon as Keith showed us that Nathan Smith and Baker Brown were right and Wells was wrong, our mortality went down from twenty-five per cent. to ten.

The next discovery was that Listerism would not cover dirty and slovenly surgery, such as Dr.

Whitwell describes, and that Listerism was in itself a source of danger. Then followed the conviction that patients ought never to be tapped, and all ovarian tumors should be removed as early as possible.

From these major conclusions, then, have followed many of a minor importance, all of which have been fully tested and seem to be completely established. One of these is, that there is no difference at all in the mortality of cases where both ovaries are removed for cystoma and those where only one is so removed. This conclusion of mine Dr. Burgess speaks of as "one of those imperious and hasty conclusions of Tait's, which have done much to prejudice the profession against him."

This is somewhat unkind from a gentleman who has never seen me, and it is somewhat singular that I have to learn from the land of the setting sun something about myself of which in these Eastern parts I get no evidence. My position, in purely consulting practice, is dependent entirely on my professional brethren; and it is no exaggeration to say (and my published works show it) that my practice in abdominal surgery at the present moment is much larger than that of any other surgeon in England.

It is perfectly true that there is some prejudice against me, but I have never seen any evidence outside of London, and there it is chiefly fomented by two men, my rivals in practice, whose names are mentioned by Dr. Burgess, who seem to be friends of his, whose side of the story he has taken for granted without hearing mine. But these two metropolitan surgeons do not constitute the profession. There is one article of common belief among metropolitan surgeons, from which I am no solitary sufferer, that outside the limits of the metropolis nothing good in surgery has been done, can be done, or will be done. I have been told over and over again, by my American and foreign visitors, that they have been incited to visit me by the persistent statement of two metropolitan surgeons, that, for instance, no such operations as I describe for pyo- and hydro-salpinx could be performed, even if the diseases existed. The confirmation of my work comes not from London, which is two and three-quarter hours distant by rail, but from New York, which is distant seven days by sea. Large numbers of visitors from places all over the world have come to see these cases, with the single exception of London, from which nobody has ever applied to me to see my works. But the prejudice against me is limited to London, and for it I don't care a single cent.

I regret to be obliged to deal at such length with a trumpery personal question, but I have had such splendid kindnesses from my American brethren, that I resent everything which may tend to lower me in their esteem.

One concluding word as to the statement which Dr. Burgess says is "hasty and imperious:" it is to the effect that Mr. Spencer Wells' conclusion, that the removal of both ovaries is more fatal than the removal of one, is quite mistaken. This is not a hasty conclusion, as it is the result of deliberate study and examination of cases extending over six years, and more than six hundred in number. The factor in Mr. Spencer Wells' mortality was the clamp, and the reason of this was the facility which the extra-peritoneal method of dealing with the pedicle affords for drainage of dirt into the peritoneal cavity. If this be the case with one pedicle, it must be more true when two pedicles are brought outside. In fact, Mr. Wells' statistics are so tainted with the awful mortality of the clamp, that they are wholly worthless for deciding any of the minor questions which arise in ovariotomy. Let Dr. Burgess go into the question as I have done, let him take the results of Baker Brown, Keith, Bantock, Savage, Thornton, and my own, excluding all cases in which either the cautery or the short ligature was not used, and he will find that it makes not the slightest difference to the mortality, whether one ovary or both has been removed.

Jumping Seeds and Galls—"Devil's Beans."

The *Pacific M. and S. Journal*, May, 1883, says: Prof. C. V. Riley furnishes to the *Scientific American* an interesting account of these seeds, which have been well known for many years to scientists and others on the Pacific Coast. They are somewhat larger than grains of coffee, triangular in form, and nearly black. When laid on a table or any smooth surface, at the proper season, they roll from side to side, and sometimes actually jump up entirely clear of the table. The movements are not constant, a number of seconds intervening. No one can see the phenomenon for the first time without extreme wonder, especially if he had no previous idea of the cause of the motion. It is produced by a whitish lepidopterous larva, which is described by Prof. Riley as occupying about one-fifth of the interior of the seed, its chamber being lined with silk spun by the insect. "It looks very much like the common apple-worm, and in fact belongs to the same genus. It resembles that species further in remaining a long time in the full-grown larva state without transforming, so that the seeds will keep up their motions through most of the winter months." When about to transform, usually in January or February, it cuts a neat hole in the convex side of its house, plugs it up with silk, and in due time throws off its old garments and steps forth in the form of a butterfly. Its generic name is carpocapsa, and it has two specific names, saltitans and depaisiana, the former taking precedence.

The plant which produces the seed is a shrub of the Euphorbia family. G. W. Barnes, President of the San Diego Natural History Society, gave this description of it: "Arrow-weed (*Yerba de flecha*)—This is the name the shrub bears that produces the triangular seeds that during six or eight months have a continual jumping movement. The shrub is small, from four to six feet in height, branchy, and in the months of June and July yields the seeds, a pod containing three to five seeds. These seeds have each a little worm inside. The leaf is half an inch in length, and a quarter of an inch in width, a little more or less. The bark of the shrub is ash-colored, and the leaf is perfectly green during all the seasons. By merely stirring coffee or any drink with a branch of it, it acts as an active cathartic. Taken in large doses, it is an active poison, speedily causing death unless counteracted by an antidote." It is found in Sonora, Mexico, in the region of Mamos. The seeds are said to be most lively on

the approach of a storm. There can be but little doubt of the cathartic property of the tree in small quantities, nor of its poisonous character. Possibly useful medicinal properties might be developed on trial.

Prof. Riley's article concludes with the following paragraph. The members of the California Academy will recall with affectionate regard the memory of Henry Edwards, the accomplished entomologist and the industrious contributor to the interest of the meetings.

"The jumping power exhibited in this seed is, however, trifling compared to that possessed in a little gall, and also caused by an insect. This gall, about the size of a mustard seed, and looking very much like a miniature acorn, is found in large numbers on the underside of leaves of various oaks of the white oak group, and has been reported from Ohio, Indiana, Missouri and California. It falls from a cavity in the leaves very much as an acorn falls from its cup, and is sometimes so abundant that the ground beneath an infested tree is literally covered. It is produced by a little black cynips, which is described as *Cynips saltatorius* by Mr. Henry Edwards. The bounding motion is doubtless caused by the larva which lies curved within the gall, and very much on the same principle that the common cheese skipper (*Piophila casei*) is known to spring or skip. Dr. W. H. Mussey, of Cincinnati, in a communication to the Natural History Society of that city, December, 1875, states the fact that such is the case, though members of the California Academy who have written on the subject assert that the motion is made by the pupa, which I think very improbable. At all events, the bounding motion is great, as the little gall may be thrown two or three inches from the earth; and there are few things more curious to witness, as I have done than a large number of these tiny galls in constant motion under a tree. They cause a noise upon the fallen leaves that may be likened to the pattering of rain."

Case of Co-existence of Diphtheria and Typhoid Fever.

Dr. G. E. Paget, F. R. S., Regius Professor of Physic in the University of Cambridge, describes the following case in the *Brit. Med. Jour.*, July 14, 1883:

"The recent illness of the Postmaster-General may add interest to the following case: The patient was Mrs. J. K., a married woman, about twenty-eight years of age, living in Manor street, Cambridge. Three days before her illness began, one of her children had died of diphtheria, two of them having been affected. Mr. Carter, who attended them, had no doubt as to the diagnosis. The children had sore throat, and exudation upon it.

"When I first saw Mrs. K. (on December 14, 1861), she had been confined to her bed about a week. From Mr. Carter I learned that her illness had begun with sore throat, and that there had been small white diphtheritic patches upon the throat. When I examined it, I could find none, nor any signs of diphtheria; but upon her abdomen were some of the rose-spots characteristic of typhoid fever; and at the base of her right lung, to the extent of two or three inches, the percussion-sound was dull, and small crepitation could be heard. She was feverish; her pulse was 130; her bowels loose. She was in the seventh month of pregnancy.

"For six days she continued in much the same state, as an ordinary case of typhoid fever, with moderate pneumonic complications; her bowels loose; her pulse above 120; her tongue dryish; and a general condition requiring wine and brandy. During these six days, her throat remained free from diphtheritic appearances; but on the morning of December 20, it again became sore, and in the evening the uvula and soft palate were covered with a white exudation, the adjacent parts being bright red. Her pulse then became a little less frequent, falling to 116. Chlorate of potash was now prescribed in small frequent doses, and next day tincture of perchloride of iron. On December 28, her urine contained albumen. The exudation, after its reappearance on December 20, was seen from day to day; it had a diphtheritic character, and was very extensive. It was still present, though somewhat reduced in extent, on January 2. When I saw her on January 5, it had been completely cleared off.

"Early in January, she began to suffer much from retching and vomiting. She was troubled also with cough. The right lung was consolidated at its base, but to a small extent only. The vomiting so persisted from day to day as to bring her into great peril. On January 20, the liquor amnii escaped. Active delirium now came on, and continued for upwards of twelve hours, when she suddenly aborted of a seven-months' child, which lived half a day. The mother nearly died during the removal of the placenta, though scarcely any blood was lost. After labor was completed, the vomiting ceased, and she gradually recovered.

"Mrs. K. had been nursed during her illness by her mother, Mrs. S., aged fifty-eight, who lived in the outskirts of Cambridge, in an isolated cottage within a large garden. On February 14, 1862, she took to her bed with typhoid fever. She had the ordinary symptoms: the rose-spots, loose stools, etc. She went on favorably until March 13, when, after sitting up near an open door, she had rigors, ushering in double pneumonia and hæmorrhage from the bowels. She died on March 24.

"The chief interest of Mrs. K.'s case is in the disappearance of the local signs of diphtheria, and their suspension for six days during the continuance of the typhoid fever, and then their reappearance and persistence for thirteen days or more. This appears to me a fact, not, perhaps, contrary to what might be expected, but at least worth notice. It differs from what was reported in the case of Mr. Fawcett."

Have we any Therapeutic Means, as Proven by Experiment, Which Directly Affect the Local Processes of Inflammation?

Dr. C. B. Nancrede concludes a paper in the *Med. News*, June 16, 1883, on this subject as follows:

I think I am warranted in stating the following propositions as the logical and practical outcome of my investigations:

1. During the stage of dilated arteries, with increased rapidity of the current, but little danger

of capillary changes with exudation need be apprehended, and here perhaps ergot, certainly arterial sedatives do good, either directly or indirectly, without blood-letting, by reducing the size and rapidity of the current, thus allowing the veins of the irritated area time to empty themselves, even of an unaccustomed amount of blood. Thus, if vascular-pressure changes have taken place, the vessels have an opportunity to return to the norm.

2. After stasis has occurred, or while it is occurring, weakening of the heart's action and a diminished volume of the current—*e. g.*, the effect of arterial sedatives—can do nothing but harm to the inflamed area, although, for the reasons given in proposition 1, it may prevent extension of inflammation in the circumjacent parts, which are merely in the earlier stages of congestion.

3. The results to be sought, and which are secured by local blood-letting, are removal of the blood on the venous side, so that the vessels can not only empty themselves, but a certain amount of *vis-a-fronte*—*i. e.*, aspiration—is invoked: this secondarily results not only in a temporary return to the norm on the arterial side, but an increased rapidity (and here is an important point)—lessened force of the circulation. The acceleration of rate without the weakened force of the circulation would further damage the vessels, instead of which the increased rate of the current merely serves to sweep out the accumulated red-blood cells, the cause of the excess of oxygen, and the consequent cell-migration. The vehement current also induces a rapid resorption of the effused liquor sanguinis, at once the stimulator to growth, and the food of the cells. This latter advantage is not founded on theory alone, for it is a matter of common observation that the mere amount of blood extracted produces no sensible effects on an inflamed breast, for instance, *at first*, but in a few hours, the skin, if carefully examined, has become wrinkled, and the organ shrunken. This effect is secondary to the loss of blood, and chiefly results from the absorption of the inflammatory exudate.

4. Arterial sedatives in the latter stages are usually inadmissible except as succedanea to blood-letting, as far as the focus of inflammation is concerned: the surrounding parts, which are merely congested, may be benefited by their exhibition. After blood-letting, they act favorably, because, when the stasis has been overcome, they lessen intra-vascular pressure, and thus permit the blood-vessels to recover their normal condition. They also alleviate pain by lessening the bulk of blood in the part—*i. e.*, they relieve nerve-pressure.

Resection and Destruction of the Lung by the Thermo-cautery.

The *Med. Press*, May 30, 1883, says that M. Koch, well known by his researches on the microbe of phthisis, has been hardy enough to attempt an operation which certainly will not have many imitators. The operation, already practiced twice by the German *savant*, however, seemed to answer his expectations. The first case was that of a man of 24, with an enormous cavity in the right lower lobe, purulent expectoration, night-sweats, and rapid wasting. M. Koch thought himself justified in employing the cautery, and for that purpose a piece of the sixth rib was resected to allow the instrument to penetrate into the pulmonary tissue until it reached the cavity, the walls of which were freely cauterized, and the instrument withdrawn. The reaction following the operation was but slight, and the expectoration of purulent fetid matter diminished considerably. Four days afterwards the thermo-cautery was brought into requisition a second time for the same patient. A piece of the eight rib was cut away, and the cautery introduced as before. The patient continued to bear the operation well, and at the end of ten days the cautery was used for the third time, and with apparent success, so that the Professor proposed attacking one by one the several cavities existing, but the patient succumbed the following day. The second case was that of a woman, who presented a cavity the size of the closed hand in the upper lobe on the right side. Four inches of the rib situated over the lesion were resected, which permitted the cavity to be cauterized. Expectoration ceased, and granulations of a good nature took the place of the eschar. The patient succumbed a week afterwards from septicæmia, which, according to M. Koch, existed already before the operation. M. Koch thinks that the destruction by the thermo-cautery of limited portions of the pulmonary tissue will be found beneficial in those forms of chronic gangrene of the lung accompanied with abundant expectoration of putrid matter, in acute pulmonary gangrene where the mortified tissue cannot be eliminated, as in gun-shot wounds, when foreign bodies fall into the small bronchi and not being able to find their way out again by any means, produce destruction of the neighboring tissue, and finally, in those forms of fœtid and putrid bronchitis where dilatation of the bronchi cannot be demonstrated, and in the rare form of localized pulmonary phthisis.

Reviews and Book Notices.

BOOK NOTICES.

Whence, What, Where? By James R. Nichols, M. D., A. M. Boston: A. Williams & Co., 1883. Pp. 198. Price $1.00.

This volume is well worthy of extensive circulation. It deals with that which interests all men, viz: "Where they came from, what they are doing or ought to be doing here; or in other words, what they are, and where they are going when the gateway of death closes behind them. It is truly a scientific treatise; small, it is true, to attempt to cover so great a question, but it is written in a popular style, its author is a deep thinker, and he presents to his readers much food for reflection. Some of his views we cannot uphold, nevertheless there are in this world "many men of many minds," and we honestly say that there is not one word in this well written volume calculated to offend the religious sentiments of any one.

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THROMBOSIS OF THE BASILAR ARTERY.

Our knowledge of syphilitic lesions of the brain increases daily, and considering the frequency of their occurrence, any new contribution to the same is welcome. In our city Dr. Engel has done a great deal in drawing the attention of the profession to these very frequent cases by reporting a number of interesting observations to this and other journals. When we remember that such morbid conditions, if recognized early, are always amenable to treatment, while the individual affected will die if not placed upon a proper antisyphilitic treatment the importance of promulgating any new contributions to this branch of medicine becomes apparent.

The great authority on nervous diseases, Dr. E. Leyden, has published two cases this year in the March number of the *Centrabl. f. d. Med. Wissensch.*, p. 217.

1. Male, æt. 58, infected by luës eighteen years before. For a year he complained of headache, especially at night. One morning he awoke with imperfect left-sided hemiplegia with participation of the facial nerve; no disturbance in the motion of the eyes. Four weeks later again an attack of vertigo, deep coma, speech impossible, tongue motionless, snoring, irregular respiration, difficulty in swallowing; temperature just before death, 104°. *Post mortem:* sharply limited focus of softening in the right side of the pons. The arteria basilaris changed for a distance of about half an inch into a cartilaginous string without any lumen. Besides there existed gummatous pachymeningitis.

2. Male, æt. 28, affected by syphilis one year ago. Sudden apoplectic attack, with right-sided hemiplegia; left eye closed, immovable, pupil dilated; right eye turned inwardly; tongue moved with great difficulty; speech stammering; choked disk with neuro-retinitis; deepening coma. Just before death, like in the preceding case, sudden increase of temperature, 105°. *Post mortem:* V shaped sclerosis of the basilar artery; perfect closure of the first branch of the basilar artery of the arteria cerebi posterior; on the right side lumen decidedly narrowed; small myelitic focus

in the right crus cerebi near the upper terminus of the pons, passing somewhat into the pons.

Leyden places stress on the following important points in the symptomatology of this disease. While Gubler showed the alternating hemiplegia (extremities of one side, facialis of the other) to be due to disease of the pons at the place of exit of the N. facialis, the paralysis of the opposite (to the palsy of the extremities) muscles of the eye, proves the existence of a focus of softening at the upper terminus of the pons with complicating lesion of the rus cerebic, the corp. quadrigemina and the optic tract. Leyden thinks that the latter should be called hemiplegia alternans superior, in contradiction to the first; Gubler's, hemip. altern. inferior. The occasionally happening sudden change of the paralysis from one side and place to another, L. explains in cases of thrombosis of the basilar artery by the fact that the small arteries of the pons (final arteries of Cohnheim) may easily cause at their furthest periphery, about the middle of the pons, morbid changes, which in the beginning easily transgress over to the other side. Should the thrombosis develop itself further downwards, and should the original lesion recede, a focus of softening near the main trunk on the same side may develop itself. The anarthry and the difficulty in swallowing, as well as the rarer affection of the acousticus would also guide the diagnosis to affection of the pons and the medulla. Considering the possibility of the existence of a regulatory centre for heat in the pons (Walther) the increase of temperature just before death would also direct our attention to that organ.

Of special interest are the intra-cranial disturbances of circulation, which give to the basilar-thrombosis the character of tumors of the brain. This finds its anatomical expression in the choked disk and in the tension of the dura as noted at the post mortem. Leyden lays stress on the apparent contradiction between this observation and the experiment on animals, where, as well known, impediments in the intra-cranial circulation very rapidly extend all over the organ. He cautions not to take for granted that the same symptoms which are caused in the plain and tolerating animal brain will also develop themselves in a like manner in the complicated and exceedingly sensitive (to disturbances) human brain.

In conclusion Leyden reports a number of cases of similar affections of the pons, but seen early in their beginning, which ended favorably under an active anti-syphilitic treatment (inunctions with ungt. hydrarg., followed by iodide of potash in large and increasing doses internally).

TONIC EFFECT OF THERMAL SPRING-BATHS ON DISEASES OF THE HEART.

There is in Germany a summer resort by the name of Bad-Nauheim, to which for now almost a century thousands of patients, suffering from organic diseases of the heart, have been sent by their physicians. For many, many years this was done, simply because the experience of many had proven that all such cases vastly improved. Of late, especially by the laborious researches of Benedict, of Vienna, the causes inducing such beneficial changes in diseases, which, especially in their last stages, are usually very little amenable to treatment, have been scientifically investigated. It has been demonstrated that it is the carbonic acid in these waters and the temperature of the latter (70–80°) which exerts such a wholesome influence. With the spirometer, as well as with Waerenburg's pneumatic apparatus, it has been found that the capacity of the lungs to inhale and exhale air greatly increases by the use of these baths, and that they also have a similar tonic effect upon the main organ of circulation, as we know of digitalis that it possesses.

Venous stasis in any form, if induced by organic affection of the heart, and, therefor, also dropsies, usually disappear without any other treatment within two weeks after beginning of the cure. That this is not brought about by increased diaphoretic or diuretic functions, but in reality by giving the heart greater tone, has been proven by experiments and observations carefully made, beyond a doubt.

Dr. Theod. Schoff (Berl. Klin. Wochensch., July 8, '83,) and many other writers have of late pub-

lished in the best German medical papers reports of cases of the nature mentioned, and in whom a surprising improvement took place, and in many this amelioration continued for nearly a year afterwards.

There are many springs in the United States, the waters of which are rich in carbonic acid, and we thought to draw the attention of the profession in our country to the opportunity here offered. Our therapeutics of heart diseases cannot be said to be great in quantity nor very varying in quality, and any contribution to the same will always be welcome, but the more so when appearing under such form as by nature's own ready means, *i. e.*, by natural springs. That the effect is as described cannot be doubted from the well-known authorities reporting them.

REVIVING THE STILL-BORN.

Artificial respiration practiced for an hour at least has so far been considered the most successful means of reviving still-born infants. Prof. Wallace, in his lectures at the Jefferson College, used to mention several cases where, after an hour's trial with artificial respiration, he had at last succeeded in reviving an infant still-born, and where all hope had been given up. A French physician, by the name of Camberdon, has convinced himself, that a very warm bath of a temperature of 50° C. exerted in such cases a far more favorable result than even the method just mentioned. It is a known fact, that infants, who, when born, exhibit a lack of vitality, often wonderfully revive when wrapped up in hot blankets or placed into a very warm bath—with one word when replaced into that temperature they had just left in utero. It seems plausible, therefore, that the same procedure may turn out successful in certain cases of the still-born, and we draw, therefore, the attention of our readers to this application of the hot bath.

It is said that the flavor of maple syrup may be communicated to cane or glucose syrup by tincture of guaiac deprived of its resin by precipitation by water.

NOTES AND COMMENTS.

The Third Stage of Labor.

Before the Academy of Medicine in Ireland (*Med. Press*, June 13, 1883), Dr. R. Henry read a paper on the importance of the third stage of labor. He commenced by pointing out the various risks, immediate and remote, to which the improper performance of the third stage of labor exposed a woman. These risks would be minimized by a suitable conduction of this most important period of labor. To arrive at any just conclusion on this subject it was necessary in the first place to study nature's methods in effecting the separation and delivery of the placenta and membranes—by the conjoint action of tonic and clonic contractions, moulding the placenta, as has been described by Dr. Matthews Duncan, or in the different way described by Schultze. In the author's experience, both these methods had been observed, a lateral attachment of the placenta being Duncan's, while a fundal, or nearly fundal one would give Schultze's. The former was the more common method. Dr. Henry quoted Denman, Smellie, Collins, and others, on the question of manual interference in the third stage. In 1786, Dr. Joseph Clarke had advised the practice of pursuing with a hand on the abdomen the fundus uteri in its contractions until the fœtus be entirely expelled, and afterwards continuing for some time this pressure to keep the uterus, if possible, in a contracted state. This practice had been largely adopted in Dublin. Dr. Henry adhered to it, believing that in modern practice undue haste to press off the placenta was constantly exhibited. He kept his hand over the uterus during delivery and subsequently, but forbore pressing or actively supporting the uterus until it had itself commenced to contract clonically. Assistance should only be given with the clonic contractions. A safe and permanent contraction following the expulsion of the secondaries might in this way be usually secured in from ten to twenty minutes. The chief error at present consisted in mistaking constant irritation for support of the uterus.

Albuminuric Retinitis of Pregnancy.

Dr. Ryerson, of Toronto, writes in the *Brit. Med. Jour.*, June 9, 1883:

"Mrs. E., aged 22, was referred to me by Dr. Temple, on June 1, 1881, with the statement that the urine contained a large amount of albumen. The patient stated that her sight had been failing for about a month. She said she could see the

sides of an object, but not the centre; and complained of flashes of light in the dark. She had frontal headache, sometimes severely. She had no pain in the eyes. There was a great deal of nausea and vomiting. She was in the fourth month of her first pregnancy. With the right eye she saw fingers at five feet, and read 16 Jäger; with the left she saw fingers at three feet, and read 20 Jäger. With the ophthalmoscope, I observed, in the right eye, a well-marked stellate arrangement of deposits about the yellow spot, with numerous patches scattered about the retina. The optic disc was somewhat swollen and indistinct in its outline. The appearances in the left eye were very similar, with the additon of numerous small hemorrhages in the lower half of the fundus.

"Dr. Temple informs me that, shortly after this, she was seized with convulsions, and had a miscarriage. She made a good recovery, and when I saw her again on August 4, the swelling of the optic disc had greatly diminished, the scattered patches were less marked, but stellate patches in the region of the macula were about the same as when first seen. In the right eye, two veins apparently contained thrombi. The vision was, with the right eye, $\frac{20}{50}$, 16 Jäger; with the left eye, $\frac{20}{50}$, 16 Jäger. She could manage to write a letter. From Dr. Temple I learn that she regained good vision, but did not myself see her again. In a few months, the unfortunate woman became pregnant again, although warned of the danger; convulsions supervened, and in one of them she died.

"Remarks.—It would be of considerable interest to learn in what proportion, and in what class of cases of albuminuria of pregnancy retinitis occurs. That it does not necessarily occur I know, having attended, some years ago, two cases in which there was no complaint of trouble of vision. One case, a woman of about thirty years, in her fourth pregnancy, made a good recovery. The other had uræmic convulsions, and died. I did not use the ophthalmoscope, but relied upon the patient's statements, the cases having occurred in my pre-ophthalmoscopic days."

The Treatment of Artificial Anus.

From the *London Medical Record*, May 15, 1883, we learn that Dr. Heinmann, of Dornhan, gives (*Deutsche Med. Wochensch.*, February 16,) statistics of eighty-four cases of artificial anus treated by Dupuytren's method, from which one fatal case must be excluded, as having been subsequently treated by resection of the bowel, death resulting in consequence of the binding down and occlusion of the canal by a false ligament. Of the remaining eighty-three cases seven died, giving a mortality of about one in twelve, or 8.5 per cent. But of these seven cases, three, noted by Dupuytren, died in consequence of "indigestion;" one patient, seventy-eight years of age, operated on by Hamburtin, died from marasmus, after a successful operation; and the cause of death in a case of Velpeau's was the employment of the scissors too soon (twenty days) after the formation of the artificial anus. This leaves only four deaths to be attributed to the operation itself, giving a proportion of one to two on the total mortality. In seventy-six of the eighty-three cases the result was more or less favorable. In fifty (60.2 per cent.) the artificial anus completely healed up; in twenty-six (31.3 per cent.) a small fistula was left, which could, however, be so well closed by a compress that the patients could resume their occupations, which were in some cases very arduous. The author recommends Dupuytren's clamp as a means by which patients can be cured, or at least relieved, without danger to life; but he points out the necessity of making a thorough examination and demonstrating the existence of a spur (Sporn) before having recourse to it, and of screwing it up gradually, so that only a small portion of the spur may be included each time, and, finally, the danger of employing it too soon after the establishment of the artificial anus. Perforation, which has been cited as a likely cause of death, occurred only in two cases, in operations by Dupuytren and Gherini; and peritonitis, extending from the portion of peritoneum included in the clamp, mentioned by Dieffenbach as a possible fatality, was the cause of death in only one of the eighty-three cases. The only remaining objection to the operation is its slowness, the time required for cure being from three to six months; but this ought not to come into consideration in comparison with a decidedly more dangerous procedure.

A Case of Monstrosity.

In the *Brit. Med. Jour.*, June 9, 1883, Dr. Raverty describes the following case of a sireniform fœtus:

"I was called to attend Mrs. E. in her fourth confinement, on May 9, 1883. On my arrival I found the water had come away about twenty minutes before, and projecting from the os externum was a fleshy mass so unlike any usual presenting part of the fœtus to the touch, I was quite at a loss what to make of it. However, another

pain coming on solved the riddle at once, the feet and leg or legs being expelled; and in a short time the shoulders and head followed. The child was alive, and continued so for eight hours. The mother made a good recovery. From the head downwards to about midway between the sternum and the umbilicus it was in every respect well formed, and to outward appearance perfectly natural. From about that point the following particulars were noticed: There were no projections at the usual site of the crests of the ilia. The abdominal cavity was small, and seemed to be almost destitute of contents. The genito-urinary organs were represented by a small round aperture surrounded by a slightly elevated fleshy ridge. The limbs were enclosed in one continuous fold of integument, although the bones could be felt quite separate underneath; and in front there was a slight depression marking where the division ought to have been between the limbs. There was no separation of the buttocks; in fact, there was very little of the usual projections at this point, and there was no anal orifice. The feet were joined together at the heel and partially so at the centre of the foot, but the toes were well formed, in the usual number, and free. I would have liked a *post mortem* examination, but the parents objected. The mother said she had only gone eight months. There was no history of a fall or fright, except a bad dream about the fourth month."

The Association of Sounds, especially of Words, with Colors.

The *New York Med. Jour.*, March 31, 1883, says Mayerhausen (*Klin. Mon. f. Augenheilk*, November, 1882,) reports a sixth case of this very rare condition, occurring in an educated lady, aged twenty-five, the wife of a physician. In early childhood she connected the sounds of words with certain colors, and thus judged of the beauty of names. Words of one syllable were always perceived of a single color. If words of several syllables were rapidly spoken, they appeared of the color of the most accented syllable; but, if slowly spoken, each syllable had its own color. She convinced herself that the color depended solely on the sound of the words, by the fact that in words of a foreign language the color depended upon their pronunciation, and not upon the way that they were written. It is not the person or the thing represented by the word which appeared colored, but only the *spoken* or *heard* word. She has always perceived the same color with the same word-sound; and this sensation is unavoidable; it cannot be any other color than the one at first and always perceived. It is especially the sound of vowels which calls forth the sensation of color. Pronounced green she has never perceived; the word "green" sounds milky-white to her; and, although sky-blue is her favorite color, she never perceives it from the sound of any word. Mayerhausen tested her with a series of more than two hundred words from various languages, and the colors corresponding to the various sounds were given by her on the spot, and without change or misplacement. The patient possessed an extremely finely developed color-sense. In this case it was firmly established that the colored sensation for vowels and their union with consonants was the primary sensation, and the transfer or assignment to actual words with meaning in the analogy of sound was secondary.

Spinal Caries—Abscess Discharging Through Intestine—Closure of Intestinal Opening—Death from Bursting of Abscess into Peritoneal Cavity.

Dr. H. L. Burrell reports this case in the *Boston M. and S. Jour.*, May 31, 1883:

Ida L., aged four, was first seen February 18, 1882. Diagnosis, caries of the eleventh and twelfth dorsal vertebræ of four months' standing. A plaster of Paris jacket was applied, but was soon removed, as it was found the child was failing.

She was placed upon a "Bradford frame," which immobilized her and yet allowed her to be carried about. The patient was kept upon this frame, with the exception of one day in November, 1882, when the parents "exercised the child's spine" by the direction of an irregular practitioner. A severe attack of abdominal pain convinced the parents of the necessity for the frame.

On July 12, 1882, pus was noticed in the dejection; this flow of pus continued, varying in quantity, until three weeks before the child's death, when it suddenly ceased. From this time the patient rapidly failed.

On February 22, 1883, a painless, fluctuating swelling the size of an egg was discovered just above the anterior third of the crest of the right ilium. February 25 the child suddenly complained of intense abdominal pain, and became collapsed. A few hours later the swelling over the crest of the ilium had disappeared, and a slough the size of a three-cent piece had begun to form over its site.

The child died twenty-eight and a half hours later, never having rallied sufficiently to justify any surgical interference.

While the child was being arranged by the undertaker, the small slough gave way, and an estimated discharge of a quart of pus took place.

Special Action of Strychnine.

It has often been demonstrated that very large doses of strychnine have sometimes an effect totally opposite to that usually exerted by this remedy. It is well known that poisonous doses of strychnine, or smaller doses administered for too long a time, will cause first tonic and then clonic contractions of the muscles, ending at last in the rigid state of tetanus. But large doses have been known to induce paralysis of motion. For the purpose of deciding this interesting question Dr. Vulpian has made a number of experiments injecting the large dose of the remedy mentioned into the crural artery of a dog after the crural vein had been ligated. He found that under these circumstance the poison does not pass through the systemic circulation at once, but has first a direct action on the terminal fibres of the motor nerves, causing this way a total inertia in them equal to paralysis. Conia, morphia, atropia employed in the same manner were without result, while that of nicotine was similar to the usual effect of curare. These investigations will soon lead to practical results, especially in cases of peripheral lesions.

Hydrargyrum Formidatum.

We have already twice referred to this article (vol. xlviii., pp. 238 and 698), and now in the *Medical Times and Gazette*, July 7, 1883, we note that Prof. Zeissl, of the Vienna Hospital, reports that in a trial which he has made of Liebreich's formidad of mercury in fifteen cases of syphilis, he has been well satisfied with the results. The pain produced was of shorter duration and less severity than with the sublimate, the regions of the buttocks or the spine being best suited for the injections. In three of the cases salivation was produced. In the obstinate forms of the disease—*e. g.*, psoriasis palmaris—many more injections were required than in the lighter forms; but Prof. Zeissl has never had to make more than twenty in order to disperse the various secondary symptoms.—*Centralblatt für Med. Wiss.*, June 9.

The Parasite of Malaria.

The observations of M. Richard seem to affirm those of Leverau; he found in the red corpuscles of the blood of persons suffering from acute malaria a parasite of oscillating form moving very rapidly, and sometimes disengaging itself from the globule. These parasites have been met with in a number sufficiently large to obstruct the capillary vessels and to explain many of the symptoms of intermittent fevers. It has also been proven that the culture of these parasites in a fertile gelatine-basis can be brought to an immediate cessation if a two per cent. quinine-solution is added.

The Simplest and Safest Method for the Radical Cure of Hemorrhoids.

The *London Méd. Record*, May 15, 1883, says that Scarenzio recommends (*Renaiconti del Regio Ist. Lomb.*, 1882,) the elastic ligature in preference to all other and more complicated methods, as being the safest and most effectual for the removal and radical cure of hemorrhoids. Its gradual action allows time for the formation of a firm clot in the veins, and the mass separates after two or three days, leaving a simple cicatrized wound. The pain caused is trifling, and only lasts a short time. He has operated often by this method, and has never seen any bad effects follow.

Disturbance of Locomotion in Infants.

There are frequently noted in children symptoms indicating a disturbance of the equilibrium, especially during progression and other motions. After citing a number of cases, Dr. Brucheron thinks that optic troubles will be found far more frequently to cause these abnormal signs than lesions of the encephalon or of the spinal cord. It is well, therefore, to carefully examine in all such cases the state of vision, and not to ascribe disturbances of motion to central nervous lesion till the eyes have been investigated and tested.

Special Report.

NO. XIV.—OPHTHALMOLOGY.

BY CHAS. S. TURNBULL, M. D.

Disturbances of Vision and Uterine Diseases—Congenital Paralysis of the Sixth and Seventh Pairs of Cranial Nerves in an Adult—Cataract Extraction in an Infant six Months Old—Chisolm on Chloroform as an Anæsthetic.

"Disturbance of Vision and Uterine Diseases," is the title of a most valuable and suggestive paper, by Dr. Mooren, of Düsseldorf, and translated by Wm. C. Ayers, M. D., N. Y.—(Archiv. Ophthal., vol. xi., No. 3.)

"Many women who suffer from eye diseases have an instinctive conviction that their eye trouble is in some way connected with the physiological processes of their menstruation. Before the intro-

duction of the ophthalmoscope, the pathogenesis of such a relation was so little understood, that it is not to be wondered at that for a long time it was entirely discredited. It is the tendency of modern ophthalmology to seek a local cause for all disturbances of vision, and to use local treatment exclusively, but this has not met with the unqualified approbation of practicing physicians.

It has always been insisted on, and in later literature again pointed out by Baumeister,* that there are 'untold numbers of women who have disturbances of circulation from abnormal conditions of menstruation without any corresponding disturbances of vision.' Of course this is an undeniable fact, but still it does not prove anything positive, since how many people have contracted severe colds without having had pneumonia or rheumatism, and how many workmen lie down to rest on the damp ground without contracting myelitis.

"We are not to ask the question, why does not the same cause always produce the same effect? It would be much more important to know to what extent any local morbid process can affect the one or other part of the general system. Menstruation and its anomalies have been shown by innumerable observations to have the power of deleteriously affecting any part of the eye.

"It happens not infrequently that in a patient who has undergone a cataract operation, the eye which had had no previous anomaly becomes suddenly irritated, even two weeks after the operation, on the advent of menstruation. Such irritation sometimes causes a low degree of iritis. It should be especially remembered that such conditions occur even where the menstruation has been perfectly regular, since they show that disturbances of circulation, finding in the fresh wound a place of diminished resistance, are apt there to cause increased irritation, or even a new inflammatory process."

Then M. goes on to state his propositions, draw conclusions, and prove them by citing facts; but want of space compels us to only refer in passing, to a paper which to be digested must be carefully read, and we earnestly urge those who are attracted by our reference to look the paper up, and enjoy a treat; and we are sure that they will feel that Dr. Mooren has fully and successfully accomplished his desire, which he expresses in concluding, "If this paper should assist in drawing the attention of the profession to the influence of uterine disease in the production of visual disturbances, its purpose will be accomplished."

* *Klinische Wochenschrift*, No. 48, 1876.

Congenital Paralysis of the Sixth and Seventh Pairs of Cranial Nerves in an Adult. By Julian I. Chisolm, M. D., of Baltimore, Md. (A. f. O., Vol. XI., No. 3.) The case was one of congenital paralysis of the external rectus on each side, causing in early life forced convergence from want of muscular antagonism. In the operation performed for correction of the squint, the prominent ridge now present on the inner face of each eyeball, composed of the tendinous attachment of the inner rectus, shows that a myotomy and not a tenotomy had been practiced. The vertical incision had divided conjunctiva as well as muscle to such an extent that by contraction and retraction the muscular continuity to the eyeball had been destroyed. This freed the eye from the contractile influence of the displaced muscle. This old method of operating for squint was often the means of converting the convergent into a divergent form, a very common sequel of former squint operations.

In this particular case the free section of the contracted muscle accidentally became the proper operation. When it destroyed the inner rectus as a motor-oculi it permitted the eye-balls to assume a central position, which, from absence of muscular influence, they have retained as a permanent state since the day of operation. The curious vacant expression of face is not altogether due to the want of lateral movement in the eye-balls. Upon inquiry I found that she had never been able to close her eyes, but in attempting to do so, only rolled the balls upward under the superior lids, indicating facial paralysis of each orbicularis palpebrarum. This condition has existed as far back as she can remember. She says that she was born with it, as she was with the cast in her two eyes. The skin of the face is smooth—without a single corrugation from the brow to the mouth. Having no face movements, owing to paralysis of the facial muscles, she is incapable of expressing any emotion whatever. Below the angles of the mouth some wrinkles can be voluntarily produced, but none in the face proper. In puckering the mouth, while attempting to whistle, the upper lip remains a smooth, horizontal curtain, the lower lip being corrugated. This partial paralysis of the face muscles is an indication that some of the fibres of the facial nerve on each side of the brain have escaped degeneration and preserve their accustomed action.

This rare nerve lesion is clearly a congenital paralysis of the sixth and seventh pairs of cranial nerves, complete as to the sixth, partial as to the seventh, and symmetrical as to the two sides of the face.

There is no case on record, that I am aware of, in which the pathological process has extended to the very small, but very important ganglionic centre, involving the identical and exclusive spot on each side of the median line. A defect so symmetrical could only occur during the development of the cerebral mass.

In the case as reported, we find a condition in which, while the brain and its appendages appear in every way normal and healthy, a small spot of gray matter in the floor of the fourth ventricle, one on each side of the median line, has never been developed, and the sixth and seventh pairs of cranial nerves, which should receive their vital influence from this nerve centre, have, therefore, no cerebral origin.

Cataract Extraction with Iridectomy in an Infant Six Months Old, also by J. I. Chisolm, M. D., (loc. cit.), with pertinent remarks upon the administration of chloroform in cataract operations. After a detailed account of the operation, C. goes on to remark: "This cataract extraction on so young a subject, although the most anxious in my experience, is also most instructive, illustrating in a very striking manner the recuperative power of infantile tissues under surgical procedures.

"It is one of the youngest, if not the very youngest, patient upon whom the operation of cataract extraction with iridectomy has ever been performed. The operation in the right eye was smooth, leaving a clear pupil, as the lens came out of its capsule entire, and was of such firm consistency throughout as to leave behind no particle whatever of cortical matter. The loss of vitreous in the left was partly explained by the restlessness of the child, and the very evanescent effect of the chloroform narcosis, however deep it seemed for the moment.

"I have now had a very large experience in cataract extraction, extending over twenty-five years of active surgery. In my early professional life cataract operations were few. For many years back they reach nearly 100 annually, so that I can safely say that my experience will now cover nearly, if not quite, 1,000 cases. With very rare exceptions, I administer chloroform to all my cataract patients, only omitting it when they expressly desire to have the operation performed without artificial sleep. Such persons in my experience form the very rare exceptions, so that I administer chloroform to at least 90 out of 100 cataract patients, possibly 95 per cent. of those upon whom I operate.

"I have never had cause to regret the administration of chloroform in any one single instance, but in some of the cases in which the operation of extraction was performed without its help I have wished that it had been used, as I am sure the various steps of the operation would have been completed with much more ease to myself and safety to my patient had he been anæsthetized.

"My chloroform administrations will now exceed 12,000, and I have never had a serious accident from any one of these inhalations. I give it carefully and fearlessly to every patient who requires a painful operation, whether young or old, strong or weak, sick or well, with sound heart or diseased heart. In fact, I refuse it to no one who applies to me for operation. I use chloroform exclusively for all operations except the minor ones that can be perfected in a few seconds, and for which I now use the bromide of ethyl, because the narcosis from it is equally deep with chloroform and much more evanescent. I administer chloroform daily, believing it to be the very best and safest of anæsthetics. With adults, I invariably preface its administration with a large drink of whisky. It is the combined influence of whisky and chloroform that I have found so safe and so satisfactory.

"Vomiting is an uncommon sequel of chloroform anæsthesia, and yet I cannot say that I have been able to trace the loss of a single eye to this cause. I am often stopped by vomiting in the midst of the operation, after the corneal wound has been made, but before the lens has been extracted. Knowing that this accident might occur during cataract operations, I never commence without having compresses of cotton on hand. A compress over the eye held gently with the hand till the vomiting ceases, and a new inhalation of chloroform (which, by-the-by, I push while the patient is hanging over the basin, as a means of stopping the more rapidly the emesis), enable me to complete the extraction with comfort and with safety. I have never had loss of vitreous from vomiting that I can now recall. I attribute this to quick perception in recognizing the fact that vomiting is about to take place, when anticipating the act, I remove the speculum and apply the handful of raw cotton over wetted cloth. During the operation of cataract extraction I have often seen loss of vitreous, much more frequently in former years than now, and coming on when no vomiting had taken place. This is an accident much more common with the beginner in eye surgery, and which the experienced in the handling of the eye instruments seldom encounter."

Chisolm also states that the crying of infants does not excite the degree of eye congestion which accompanies the continued weeping of adults.

Long-continued Presence of a Spiculum of Copper in the Cornea without Exciting Apparent Irritation. By Wm. Shaw Bowen, M. D., Providence, R. I., (loc. cit.) The publication by Knapp (vol. xi., No. 2, Archives of Ophthalmology) of the innocuous lodgment of a fragment of steel in the cornea for two years, affords an excuse for the mention of the following instance of the possible toleration by the cornea of a foreign body of a more dangerous nature for nearly as long a period of time. The foreign body was removed by making an incision with a narrow cataract knife along the course of the spiculum, which was lifted out with an ordinary spud.

A Case of Blindness after Fracture of the Base of the Skull. By F. P. Capron, M. D., Providence, R. I., (loc. cit.) E. H., of P., presented himself to me at the Rhode Island Hospital on the morning of April 20, 1882, on account of an injury to his left eye, received the evening previous. Until this time the patient says he possessed excellent vision in this eye, but that the sight of the right has always been defective. His health up to the time of the injury was very good. On questioning him with reference to the cause of the injury, it was ascertained that, on the evening previous, while in a beer saloon, he became involved in some difficulty with the proprietor, who settled the matter by taking him by the throat with one hand, while with the other he seized a drinking-glass, and struck him a severe blow over the left eye. With morning came the revelation to the patient that the sight of the injured eye was very much disturbed, and he immediately sought advice.

On testing vision, it was ascertained that the patient was able only to distinguish light from darkness, and no change was made by the glasses.

After dilatation of the pupil by atropia, an ophthalmoscopic examination, by the indirect method, revealed a glistening white appearance of the inner three-fourths of the optic nerve, a condition strikingly different from the nerve of the right eye. The vessels were little if any changed from the normal, and no hemorrhages or changes of any other kind were observed in the fundus. The patient complained of some pain at the back of the eyeball, and stated that he occasionally blew out clots of blood from his left nostril. The case was diagnosticated as one of the fracture of the wall of the optic canal, with crushing of the optic nerve. Cold compresses were kept on the eye for a few days, and the swelling of the lids and injection of the ball rapidly diminished. After a day or two a severe pain was experienced in the head, which the patient said seemed to originate behind the eyeball, and thence to extend to the opposite side of the head. During these attacks of pain the patient trembled violently, and he was left in an almost prostrate condition. Iod. potass., in moderate doses was administered, *ter die*, the patient being seen every two or three days.

The above case is, in most respects, very similar to other published cases, especially to the one reported by Dr. G. Mayerhausen, of Schweidnitz, in the February number of *Hirschberg's Centralblatt*, but it differs from some of the cases in at least one important particular, and that is the discovery of an apparently atrophic nerve in an eye that was perfectly normal less than twenty-four hours before. This fact, and that of the subsequently unchanged condition of nerve, fundus, and vision, seem to be of sufficient interest to warrant a publication of the case.

(*To be Continued.*)

CORRESPONDENCE.

Local Application of Vaseline in Scarlet Fever.

EDS. MED. AND SURG. REPORTER:—

I have found nothing so efficient in relieving the burning and itching sensations of the eruption of scarlet fever as the inunction of the whole body with vaseline. The vaseline is simply used by being well rubbed upon the surface of the body with the hand, once or twice, a day, and continued as long as the patient complains of burning and itching of the skin. These inunctions soothe and calm the patient in an astonishing manner, and are rarely required beyond two or three days. On the appearance of the stage of desquamation, I have the whole body well sponged once a day for a week with the following wash:

℞.	Hyposulphite of soda,	℥ viij.
	Carbolic acid, No. 1,	℥ j.
	Glycerine,	℥ jss.
	Aqua,	℥ viij.

M. S.—Shake well, and sponge the body well after the wash has been made tepid by placing the vial containing it in a pan of hot water.

This sponging should be conducted in a room of equal temperature; and immediately after each sponging the body should be well dried with a soft towel, and the patient protected against taking cold. This process should be continued for at least a week; and it has not only the advantage of healing the new skin, but that of disinfecting the particles of desquamated skin, and thereby lessens the infectious character of the period of desquamation.

J. B. JOHNSON, M. D.

Washington, D. C.

News and Miscellany.

American Ophthalmological Society.

The nineteenth annual meeting was held at Kaaterskill, N. Y., July 18 and 19, and the following papers were read:

"Influence on Refraction of Four Years of College Life; Illustrated by Statistics of the Last Four Classes Graduated from Amherst College," by Dr. Hasket Derby, of Boston.

"Some Improvements in Instruments and Appliances for Cataract Operations," by Dr. Russell Murdock, of Baltimore.

"Tubercle of the Iris," by Dr. Henry S. Schell, of Philadelphia.

"Tuberculosis of the Ciliary Muscle and Iris," by Dr. O. F. Wadsworth, of Boston.

"A Personal Experience with Prismatic Glasses," by Dr. S. F. McFarland, of Oxford, N. Y.

Dr. O. F. Wadsworth, of Boston, then read a paper on the "Apparent Curvature of Surface Produced by Prisms."

Dr. S. W. Burnett, of Washington, on invitation, presented a specimen of tubercle of the choroid.

Dr, J. A. Spaulding, of Portland, Me., then read a paper in which he reported a case of sympathetic neuro-retinitis.

Dr. David Webster, of New York, then reported thirty-five cases of cataract extraction.

"Notes on Ocular Therapeutics," by Dr. W. W. Seely, of Cincinnati.

"The Treatment of Detachment of the Retina," by Dr. W. F. Mittendorf, of New York.

Dr. William S. Little, of Philadelphia, then reported two cases of congenital ectopia lentis, one symmetrical, the other non-symmetrical.

Dr. George T. Stevens, of New York, then read a paper on "The Employment of Nitrous Oxide as an Anæsthetic in Ophthalmic Operations."

Dr. Albert G. Heyl, of Philadelphia, then presented a contribution to the operative treatment of glaucoma.

Dr. Gustavus Hay, of Boston, then made a communication on the "Astigmatic Pencil."

Dr. Charles J. Kipp, of Newark, N. J., reported cases of sarcoma of the choroid with interesting clinical features.

"Trituration of the Cortex," by Dr. S. Theobald, of Baltimore.

"Vaseline Cerate a Convenient Basis for Ointments Intended for Applications to the Eyelids," by Dr. Theobald, of Baltimore.

Dr. H. Knapp, of New York, then read a paper in which he reported a case of blindness from retinal thrombus in consequence of facial erysipelas.

Dr. W. H. Carmalt, of New Haven, Conn., read a paper on "Changes in Refraction Resulting from a Blow."

"A Further Modification in Cataract Extraction," by Dr. E. W. Bartlett, of Milwaukee.

Dr. Gruening, of New York, then read a paper entitled "Blepharoplasty according to the English Method."

Dr. McKay, of Wilmington, reported a case of loss of an eye from sewer-gas after extraction of a cataract, and a case of sympathetic neuro-retinitis occurring during pregnancy.

Dr. L. Howe, of Buffalo, then read a brief paper and presented a specimen which illustrated the difficulties in making a differential diagnosis in glaucoma.

"Commotio Retinæ, or Some of the Effects of Direct and Indirect Blows to the Eye." by Dr. E. E. Holt, of Portland, Me.

A paper entitled "Two Cases of Ophthalmoplegia Externa, Associated with Disease of the Optic Nerves from Brain Tumor, with an Account of the Post Mortem Examination," by Dr. Charles Steadman Bull, of New York, was read by title and referred to the Committee on Publication.

"Injury to the Eyes by Hanging," by Dr. F. B. Loring, of Washington.

"Coloboma of the Choroid," by Dr. McKay, of Wilmington, Delaware.

The following officers were elected for the ensuing year:

Pesident—Dr. H. D. Noyes, of New York.

Vice President—Dr. William F. Morris, Philadelphia.

Secretary and Treasurer—Dr. R. H. Derby, of New York.

Publication Committee—Drs. E. G. Loring and D. B. St. John Roosa, of New York.

The place of holding the next annual meeting is Kaaterskill, N. Y., and the time the third Wednesday in July.

American Otological Society.

At the recent meeting held at the Hotel Kaaterskill, Catskill Mountains, July 17, the following papers were read:

"A case of Primary Epithelioma of the Auricle—removal of the entire auricle by thermo-cautery," by Dr. W. W. Seely, of Cincinnati.

"The Recognition of Brain Complications in Aural Affections," by Dr. Andrews.

A paper "On the Intermittent Perception of Sound as Conveyed through the Air and the Cranial Bones, with a Brief Summary of the Results of Treatment in Chronic Aural Affections with Impaired hearing," by Dr. J. A. Andrews, of Clifton, Staten Island.

A paper by Dr. Sexton, of New York, entitled "External and Internal Inflammation of the Mastoid, with Cases," was read by title and referred to the Committee on Publication.

Dr. Read J. McKay, of Wilmington, Del., then reported a case of "Acute Desquamative Inflammation of the External Auditory Canal—Acute Otitis Media—Mastoiditis and Chronic Meningitis—Recovery."

Dr. Charles H. Burnett, of Philadelphia, read a paper entitled "A Case of Mastoid Disease—Artificial Perforation of the Bone—Temporary Relief—Death from Pyæmia."

"Teratoid Tumor of both Auricles," by Dr. E. E. Holt, of Portland, Me.

Dr. Sexton, of New York, presented a patient who had formerly been under his care for "Chronic Inflammation of the Mastoid Cells without Perforation of the Membrana Tympani." When under his treatment the case was complicated with ozena.

"Observations on the Hearing Power in Dif-

ferent Conditions," by Dr. E. E. Holt, of Portland, Me.

Dr. Kipp, of Newark, N. J., read a paper entitled "On the Association of Aural Disease with Simple Sparkling Synchisis of the Vitreous Humor."

A paper by Dr. Charles A. Todd, of St. Louis, on "Anomalous Sebaceous Gland in Immediate Proximity to the Auricle," was read by title and referred to the Committee on Publication.

Dr. Sexton, of New York, then read a paper on "The Significance of th Transmission of Sound to the Ear Through the Tissues in Aural Disease."

Dr. Sexton then exhibited fourteen photographs of various forms of ear affections; also two ear-syringes, together with a *hooked curette* for removing foreign bodies from the ear, where it is necessary to use forceps.

Dr. H. Knapp, of New York, read a paper on "Obstinate Purulent Desquamative Otitis Media."

OFFICERS FOR ENSUING YEAR.

President—Dr. Charles H. Burnett, of Philadelphia, Pa.

Vice-President—Dr. J. S. Prout, of Brooklyn, N. Y.

Secretary and Treasurer—Dr. J. J. B. Vermyne, of New Bedford, Mass.

Committee on Membership—Drs. John Green, of St. Louis, Mo.; H. G. Miller, of Providence, R. I.; and A. Matthewson, of Brooklyn, N. Y.

The Lehigh Valley Medical Association.

This Association holds its third annual meeting in Easton, Pa., August 15.

The members of the Association in Easton will make provision to convey those attending the meeting from the town up the hill to the College. As far as possible stages will be at the station. The down-town headquarters will be at the United States Hotel, where stages can also be found. They will be marked *Lehigh Valley Medical Association.*

Arrangements have been made to have the annual dinner served at the *United States Hotel.* It would be a matter of great convenience if those proposing to attend the dinner would notify the Secretary not later than the 13th.

The Executive Committee will be in session in the morning, and during the recess, to act upon applications for membership. Blank applications can be obtained of the Secretary.

Every one, visitors as well as members, are requested to register on arrival in the book provided.

Members-elect will please also sign the Constitution.

It will be a great convenience to the Secretary if the members will pay their annual fee upon registering.

During the day the various departments of Pardee Hall, containing collections of public interest, will be open for the inspection of those attending the meeting of the Association.

Malaria in Italy.

A project has been prepared for making the malaria regions in Italy healthy. For this purpose a map has been drawn out, which shows plainly the desolation of the Neapolitan provinces. The malarial regions are divided into three classes, namely, weak, serious, and most serious. Thirteen provinces are classified as having weak malaria, twenty-nine as serious, and twenty-one as most dangerous. The new project will give to the Government the right of expropriating territories lying in the region of the most serious malaria, contiguous to the lines of railway for a distance of 200 metres on each side, unless the proprietors have themselves undertaken the work of improvement. For ten years from the passing of the law, prizes and indemnifications will be granted to any one in the circle of malaria who makes a plantation of eucalyptus trees. The Government provinces and communes are also authorized to grant subsidies. All proposals relating to sanitary works will be examined by an executive committee.

French Brandy.

In a recent return of the French Minister of Agriculture on the wines of 1882, it appears that the vineyards of the two Charentes, which alone supply the genuine wine brandy, are irretrievably ruined. These two departments, which were devoted almost wholly to grape-culture, gave 311 million gallons of wine in 1875. Last year they gave only one-eighth that quantity, being a falling off of 273 million gallons, and the quality was execrable. The condition of Charente proper, which produced the true cognac, is even worse, for the vintage—if it can still be called so—only gave the twenty-second part of the yield of 1875, and the ravages of the phylloxera are each successive year going from bad to worse. In fact, the pest has now utterly destroyed throughout France nearly two millions acres of vineyards.

Poisonous Colors.

A decree prohibiting poisonous coloring of certain articles of food came into operation in Germany on April 1. Poisonous colors within the meaning of the act are any containing antimony, arsenic, barium (except sulphate of baryta), lead, chromium (except pure chromic oxide), cadmium, copper, mercury (excepting cinnabar), zinc, tin, gamboge, picric acid. The use of packings colored with any of the above is likewise prohibited, and, except in certain varnishes, these must not be used for coloring playthings. The use of colors prepared with arsenic for the manufacture of paper-hangings, as well as that of pigments containing copper prepared with arsenic, and of matters containing similar colors for the manufacture of materials of dress, is prohibited.

Consumption in Victoria.

In a recent treatise, Mr. William Thomson, a well-known medical man in Melbourne, shows from statistics that the mortality from consumption in Victoria is greatly on the increase. Thus, taking all ages, it has increased from 11.49 per 1,000 in 1871 to 13.90 in 1881; and it is pointed out that this is not to be accounted for by any influx of dying visitors to the colony, but is largely due to an increasing death-rate among Victoria-born persons. Mr. Thomson maintains

that phthisis is a specific poison disease; that it is never of climatic origin, nor due to dampness of soil or depressing circumstances of life; that it has been imported into Australia by invalids from Europe, etc.

Poor Dr. Parrish!

From the Philadelphia letter to the *Journal of the American Medical Association* (issue of July 21, 1883), we learn the following:

"On Friday, June 30, the Muller modification of the Porro operation, in turn a modification of the Cæsarian section, was performed at the Philadelphia almshouse, *Dr. W. H. Parrish, of this city, the subject being a dwarf aged forty years.*"

This is the first intimation we have had of the Doctor's deformity and of the terrible operation to which he has been subjected. We extend our heartfelt sympathy.

Sudden Loss of Hair from Fright.

The Newcastle-on-the-Tyne correspondent of the *Lancet* relates the following case:

The patient was a man aged thirty-nine, and under treatment for an aural affection. It was noticed that he wore a wig, and was completely bald. On inquiry into the case, he stated that up to five years of age he had a good growth of curly hair, but when playing in bed with his mother the bed accidentally caught fire. On hearing the screams of both, his father came into the room, and he sprang into his arms from a distance that was considered very great for a child of his age. From this time his hair fell out, and never grew again.

A New Winter Resort.

It is said that Nice and Mentone are likely to be rivaled by the discovery of a new winter resort in Austria. The name of the place is Appazia, which new Mecca for pulmonary patients lies within an hour's ride by stage from Fiume, in a small bay protected by high mountains against easterly, northerly, and westerly winds, and sheltered against the sirocco by the island of Veglia on the south. The administration of the Austrian Southern Railway is already erecting a large hotel at Appazia, which may be reached from Vienna in fourteen hours.

Let Us Follow Suit.

The Prefect of Police of Paris has issued new and special instructions in order to reduce the too frequent occurrence of accidents in the building of houses, etc. The local chiefs of the police are ordered to visit every scaffold in their district before work is begun. In the event of any workman or pedestrian being wounded, the building contractors are to be at once prosecuted before the police or correctional tribunals.

Blood Globules.

The *Medical Press*, May 30, 1883, says that Wurtz, in his *Chimie Biologique*, says that in man the average volume of a red globule is Omm. c. 000.000,072. According to Vievordt and Welcker, a cubic millimetre of blood contains about 5,000,000 red globules. The blood of women contains less. In ten litres of blood the number of globules would be about 50,000 milliards; and the superficies of these globules has been said to be 2,816 square metres.

To Prevent Conception.

The Australian *Medical Gazette* gives some of the methods employed by the aborigines of central Australia to prevent conception. One mode is to make an opening into the male urethra just anterior to the scrotum; another is to slit up the entire urethra so as to entirely destroy the urethral canal from the scrotum to the base of the glans penis.

The Medical Society of Louisville.

This is the name of a new medical society in Louisville, Ky., of which Dr. Preston B. Scott has been elected president, Dr. L. P. Yandell first vice-president, Dr. Coleman Rogers second vice-president, Dr. W. B. Doherty secretary, and Dr. D. W. Yandell, Dr. Turner Anderson, Dr. H. K. Pusey, Dr. William Bailey, and Dr. J. A. Octerlony, a judicial council.

OBITUARY NOTICES.

B. RUSH BATEMAN, M. D.

Dr. B. Rush Bateman, of Cedarville, N. J., died at his home, July 23, 1883, in the seventy-seventh year of his age. He graduated from the Jefferson Medical College in 1828, and was a classmate of the distinguished surgeon, Prof. Gross. Dr. Bateman was engaged in the active practice of medicine for about forty years, and possessed the confidence and esteem of a large circle of patients. He was widely known throughout the State, and had filled many offices of honor and trust, both in and out of the profession. He was President of the New Jersey State Medical Society, and an honorary member of the Cumberland County Medical Society. He represented his county two sessions in the State Legislature, and was ever prominent in every good work. He was never known, during his professional career, to refuse the calls of any one for assistance.

QUERIES AND REPLIES.

Nymphomania.

EDS. MED. AND SURG. REP.—I have been applied to for relief in a case of that very rare disease of "nymphomania." As editors of a medical journal that treats of many different diseases, have you any experience, theoretical or otherwise, with this disease? D. T. KYNER, M. D.

Ans. This query was was referred to Dr. John M. Keating as an authority on diseases of women, and we append his reply:

"The subject of nymphomania is truly an interesting one. My experience with a few cases of it leads me to place it in the category of mental diseases, and, therefore, it is scarcely noticed by writers on diseases of women. If your correspondent would send a complete history of his case, I would gladly look the matter up as to the subject of treatment.

"JOHN M. KEATING, M. D., 1504 Walnut st."